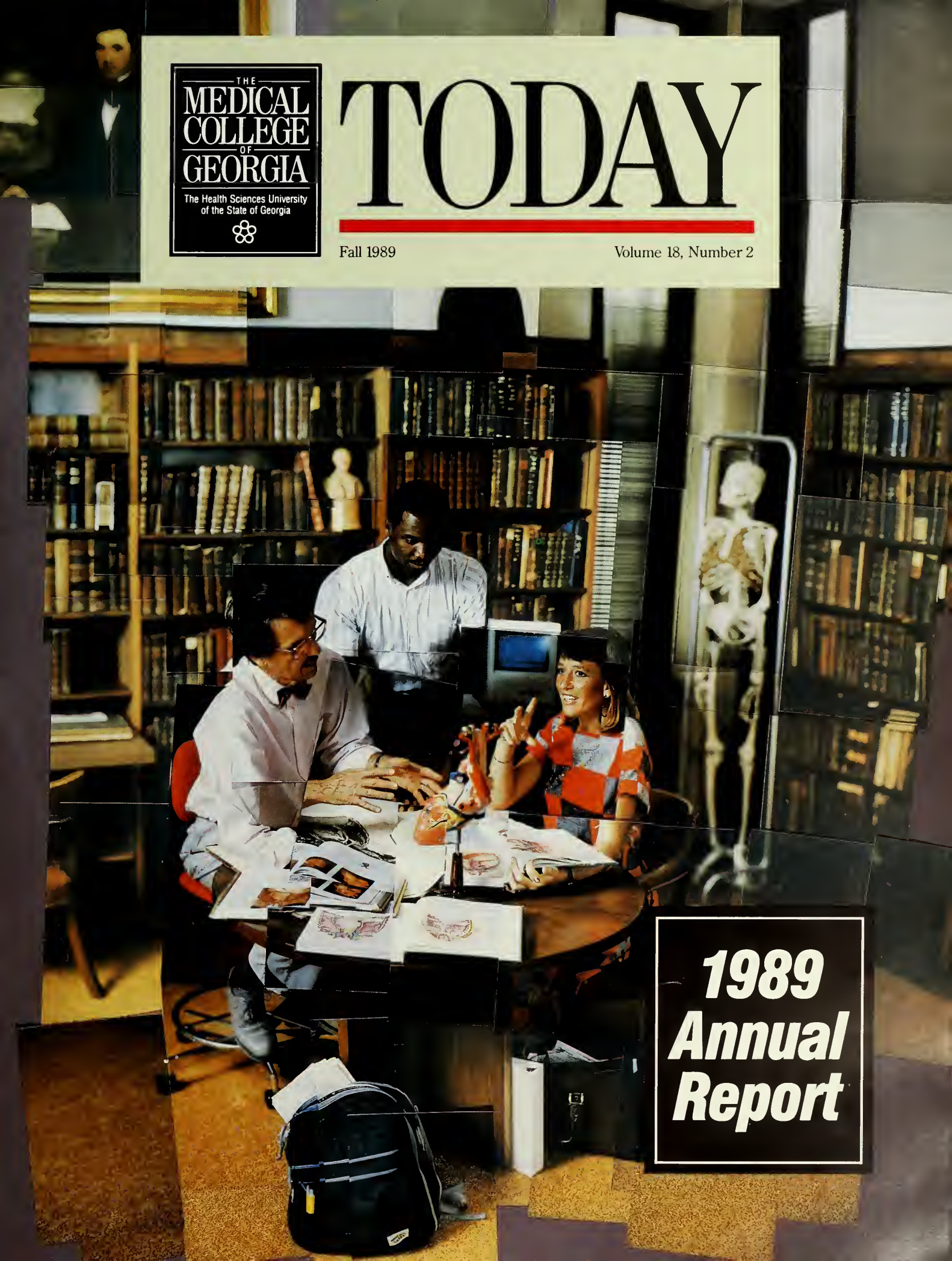

THE MEDICAL COLLEGE OF GEORGIA
The Health Sciences University of the State of Georgia

TODAY

Fall 1989 Volume 18, Number 2

1989 Annual Report

You'll notice several changes in the 1989 Annual Report edition of *Medical College of Georgia Today,* all implemented to better serve you, the reader.

The biggest change is the addition of *AlumNews* to the magazine. It's like a magazine within a magazine, offering news of MCG's five schools and their alumni. Previously, each school had a twice-yearly newsletter mailed to alumni. I hope you will enjoy this format. Since *AlumNews* will be included in each edition of the magazine, its frequency will double. Browse through the sections of all five schools and catch up on some old friends and classmates.

Also added to this edition is news and statistical data about the hospital and clinics, including information about MCG's upcoming ambulatory care/specialized care center.

And as always, the magazine reflects the changes of the institution, including its ever-increasing commitment to research. Articles in this edition will acquaint you with several research projects delving into such diverse areas as Augusta's homeless, Alzheimer's disease, dental implants and fibronectin. Many of these projects are already enhancing patient care.

This edition also reflects MCG's education mission. Highlighted are former pathology chairman Dr. Leland D. Stoddard and Dr. Peter Cohen, a dental faculty member who helps enhance his colleagues' teaching skills.

I hope you enjoy reading this report. The faculty and staff at the Medical College of Georgia appreciate your good wishes and support as we prepare for an exciting and challenging tomorrow in health care. ■

Sincerely,

Francis J. Tedesco MD

Francis J. Tedesco, M.D.
President, Medical College of Georgia

About the Cover

More than 100 separate photographs were combined to create this image emphasizing the Medical College of Georgia's education mission.

In the photograph above, Dr. Tedesco and editor Christine Hurley Deriso review the paste-ups of this edition of *Medical College of Georgia Today,* which now includes *AlumNews*.

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Executive Editor: Bruce L. Howerton
Director of Marketing and Public Relations: George H. Foster
Editor: Christine Hurley Deriso
Art Director: Brent D. Burch
Photographers: Phil Jones
William A. Willner

Postmaster

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Data Update Office
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The Medical College of Georgia is the health sciences university of the University System of Georgia. Focusing on health care education, research and patient care, the Augusta-based institution consists of MCG Hospital, more than 80 support clinics, statewide outreach programs and the Schools of Allied Health Sciences, Dentistry, Graduate Studies, Medicine and Nursing.

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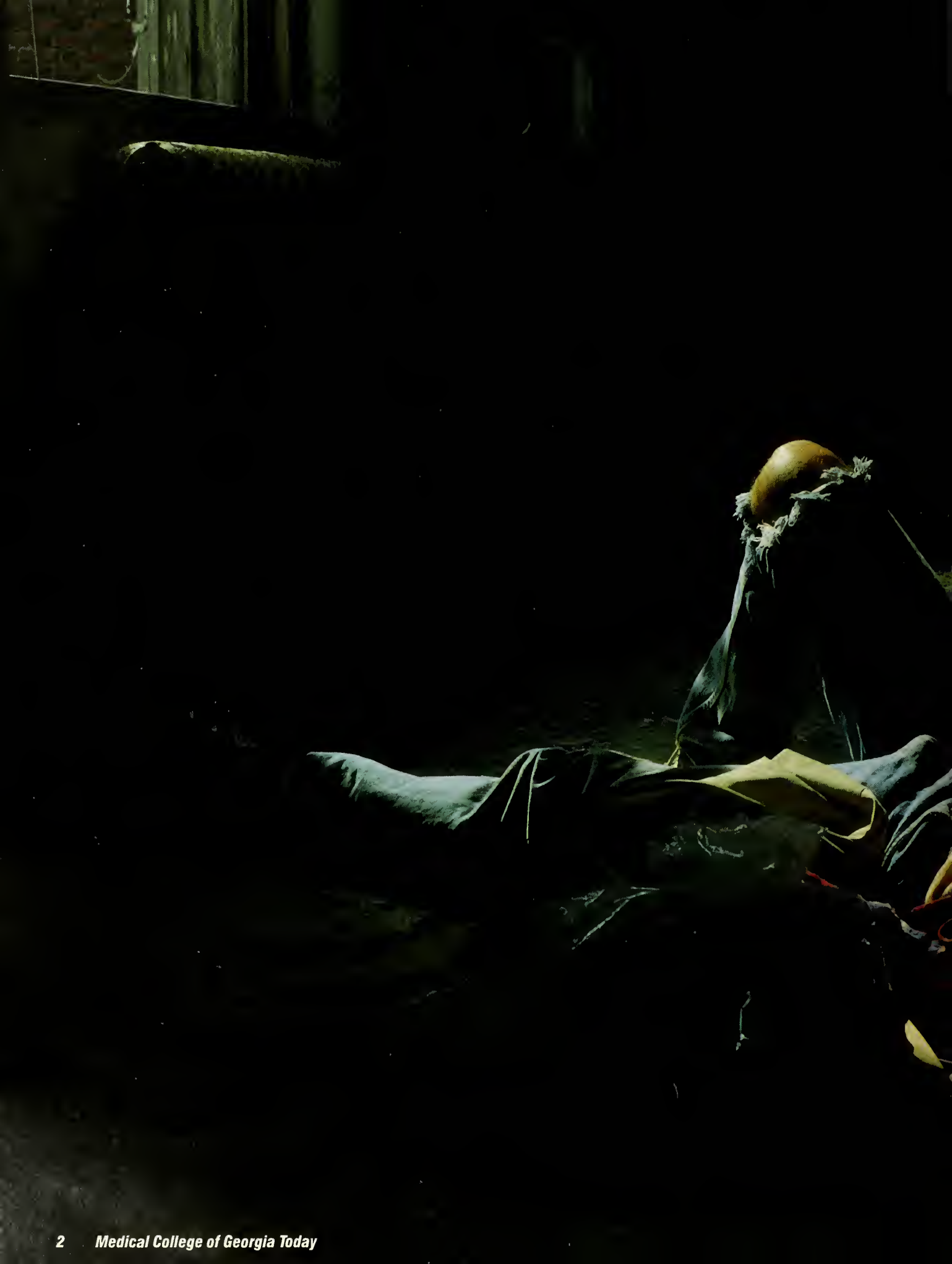


No Place to Go

Shedding light on Augusta's homeless

Jack Hadden propped on the wall of the Salvation Army on Greene Street in Augusta, waiting in line for a plate of black-eyed peas and rice.

Mr. Hadden, 46, is one of the few white faces in the line. He is missing his left ear and is dressed in a dirty, yellow T-shirt.

He is smaller than most of the men in the dinner line, and he speaks with a soft voice when he talks about his time living on the streets.

"I've been sleeping on the porch of that church over there," he said, gesturing toward downtown Augusta. "But I just sleep wherever I can."

Although the Salvation Army has shelter space available for the homeless, each person is allowed only 10 days per month, according to Ed Thweatt, lodge manager.

"But Jack just doesn't seem to want to stay here," he said.

Mr. Hadden said he does odd jobs, usually painting, to make money. But he said he has had a problem with drinking, so he doesn't usually use his money for food or clothing.

Mr. Hadden's problem with alcohol abuse is not uncommon among Augusta's homeless, according to research conducted by two professors in the Medical College of Georgia School of Nursing.

Most of the homeless in Augusta are extremely poor men about 40 years old, according to a preliminary report prepared for the city's mayor by the researchers.

The report also indicates Augusta's homeless population doubles in the summer and that a substantial proportion of the group has undergone treatment in substance abuse units or other psychiatry settings.

The report is based on interviews with the literal homeless—people who have absolutely no place to go—and people who work with them. Interviews were conducted by two researchers from the MCG School of Nursing, Dr. Shirley A. George, an associate professor in the Department of Community Nursing, and Dr. Gerald Bennett, an associate professor in the Department of Mental Health-Psychiatric Nursing.

The research was supported by a $1,000 grant and other in-kind services from the city of Augusta, and the preliminary report of the research was submitted to Mayor Charles A. DeVaney in June.

"In the big picture, homelessness is becoming an issue all over the United States, and the faculty of universities have become involved in the response to the problem," Dr. Bennett said. "MCG is responding like many other universities across the country."

While MCG is not providing special medical care to the homeless, it is important that MCG is involved in an issue so important to its community, he said.

Patterned after the 1986 Chicago Homeless Study, interviews with Augusta's literal homeless were conducted simultaneously on downtown streets and in the city's two shelters in early evening and after dawn. Street interviewers were accompanied by officers from the Augusta Police Department.

"The homeless live along the river, under bridges and in abandoned buildings," Dr. George said.

Fifty-one people were interviewed March 10, 1988, and 71 people were interviewed July 19, 1988. The interviews were conducted in winter and summer to account for the weather differences, and the interviewers had more people to interview during the summer, according to the researchers.

Those interviewed were promised confidentiality and given $5 for their participation. People interviewed also were given information about services available to them in the city.

Not every homeless person in Augusta was contacted during this study, Dr. George said. For example, a number of the homeless camp out along the Savannah River and no interviews were conducted there, she said.

Who are Augusta's homeless, and how can the community help them? Medical College of Georgia researchers took to the streets to find out.

But the research does paint a composite picture of Augusta's homeless situation, Dr. Bennett said.

"Because we had interviewing teams covering the shelters and the streets of the downtown area, we are confident this was an unbiased sample of Augusta's literal homeless," he said.

According to statistics from the survey, 86.3 percent of the homeless interviewed in March 1988 were men; 88.7 percent of those interviewed in July 1988 were men.

That gender difference didn't surprise the MCG researchers.

"Less women than men are in our survey because women who are homeless have been shown more likely to move from place to place seeking temporary housing with friends and relatives," Dr. George said.

Also according to the survey, the average age of Augusta's homeless was 39.5 years in the winter interviews and 40.5 years in the summer interviews.

The majority—56.9 percent—of the homeless interviewed in March were white. In the July interviews, the percentage of white homeless dropped to 36.6 percent.

But the number of homeless blacks increased from 39.2 percent in the winter interviews to 53.5 percent in the summer.

That racial shift in the homeless population might be attributed to migrant farm workers, most of whom are not white, who come to the area for annual peach harvesting, according to the researchers.

"For example," the researchers wrote in their report, "one informant's account described his being transported from a New York City shelter to a South Carolina peach harvesting camp. Being disillusioned with his employment there, he made his way to Augusta hoping to find transportation back to New York."

Also according to the report, most of Augusta's homeless are not married. While 61 percent of the city's general population is single, more than 90 percent of the homeless population is unmarried.

And in both the March and July surveys, about 25 percent of the respondents reported no income at all in the previous month. The average monthly income from all sources reported in March 1988 was $166.02, and in July 1988 the average was $118.75.

Most of the homeless also had been without steady employment—defined as

Drs. Shirley A. George and Gerald Bennett.

longer than three months—for years. In the March 1988 interviews, the average number of months unemployed was 45, or nearly four years. The average number of months unemployed in the July 1988 interviews was 29, or more than two years.

"The time of unemployment is twice the time they said they had been homeless. This suggests homelessness was preceded by a period of being out of work for many we interviewed," Dr. George said.

Because a national task force of the American Psychiatric Association estimated that about two-fifths of the homeless have a major mental disorder, the MCG researchers also asked those interviewed about psychiatric symptoms or depression and their history of psychiatric hospitalization or alcohol or drug treatment.

About one-fourth, or 23.5 percent, of those interviewed in March 1988 said they have been in a mental hospital at least overnight. And 27.5 percent of those interviewed in July 1988 said they had spent the night in a mental hospital.

Also, about 40 percent of those interviewed in March said they had been in a detoxification unit or treatment center for alcohol or drug abuse. About 47 percent in the July interviews said they had been in a unit or center.

Those statistics are similar to those from studies in other cities, Dr. George said.

For example, in the 1986 Chicago study, 23.1 percent of those interviewed acknowledged a history of psychiatric hospitalization.

Mayor DeVaney said he was pleased with the report from the MCG researchers.

"(The researchers) are charting new waters, and this will be valuable information as we decide how to address the homeless problem. A study like this one helps us know what's needed and where we should put our money," Mr. DeVaney said.

Drs. George and Bennett now will take a more in-depth look at the statistics and work on the final report, which will include additional findings in the areas of general health status, access to health care, mental health status, perception of shelter services, social networks and experiences with the criminal justice system.

The final report also will include some recommendations for helping the homeless.

"The cooperation between many individuals representing a variety of sectors in the community was an impressive experience as the study unfolded," the researchers concluded in their report. "It was evident that Augustans are concerned about those who are destitute in our city.

"We also came away with a conviction that any comprehensive approach to revitalizing the downtown area must include attention to the multiple needs of the literal homeless congregating there," they wrote.

The research also has led to more work for the researchers.

Dr. George is involved with community work for the homeless, helping form the Council for a Comprehensive Shelter for the Homeless. The council also would hire a coordinator to organize services for the homeless.

"This study should facilitate work on the issue," Dr. George said. "Community participation is needed to make things develop, and to flower."

Dr. Bennett will work three months as a consultant to the Homeless Demonstration and Evaluation Branch of the National Institute of Alcohol Abuse and Alcoholism in Rockville, Md. In his position at NIAA, Dr. Bennett will offer his technical assistance to applicants applying for grants to develop alcohol and drug treatment programs for the homeless. The branch he will be working for administers a $21 million budget in fiscal 1990. ■

—Stephanie Neal

Sinking Teeth into Dental Implants

An MCG researcher is building a scientific foundation for the use of dental implants.

A dental researcher at the Medical College of Georgia has been awarded a $440,000 five-year grant that should result in the first real basic scientific understanding of how dental implants work in the jaw.

The National Institutes of Health grant is one of the largest ever given by that organization to look at implants—metal or ceramic devices implanted in the jawbone to serve as a root replacement and the base for a single false tooth, a bridge or a complete set of dentures.

These implants have roots tracing back to pre-Columbian Mayan cultures and ancient Egyptian times when corpses could not be mummified without a full set of teeth.

They have been used in patients in the United States since the 1950s and most extensively in the last decade.

But implants are more a product of "trial and error dentistry" than good basic science, said Dr. David Steflik, electron microscopist, cell biologist and senior research scientist in the MCG School of Dentistry's Department of Oral Pathology. Dr. Steflik is principle investigator on the five-year grant.

He says this first major animal study of how the body reacts to implants is at least a decade overdue.

"The technical problems are immense. It's very difficult to find the answers we are looking for. But now we think we have a handle on how to do it," Dr. Steflik said.

The multidisciplinary team on the project includes Dr. Steflik; Dr. Ralph V. McKinney Jr., chairman of the MCG Department of Oral Pathology; Dr. Gregory R. Parr and Dr. L. Kirk Gardner, MCG prosthodontists; Dr. Allen L. Sisk, MCG oral surgeon; Dr. Eugene A. Pantera Jr., MCG endodontist; and two MCG dental students, Alfred Aguero and Brenda Marshall.

The researchers will look at several types of implants, including:

- ☐ Titanium implants that have a cylindrical shape.
- ☐ Cylindrical ceramic implants.
- ☐ Titanium blade implants, in which the portion of the implant that fits into the bone is long and thin and resembles a razor blade.

One- and two-step versions of each type of implant will be examined. With the one-step version, the implant is placed in-bone with a portion protruding that eventually will serve as a support mechanism for the false tooth, bridge or

Dr. David Steflik works with dental implants, shown in detail above.

denture.

The two-step version requires two surgical procedures. First the implant is placed in the bone and covered with tissue for approximately three months while the living bone heals around the implant. Next, the top of the implant is exposed, and an abutment, on which the tooth, bridge or denture can be secured, is attached.

"What we hope to document is the mechanism by which bone tissue adapts to the implant. We are especially interested in whether an attachment complex exists between the bone and the implants," Dr. Steflik said.

To do this, he will view the subcellular detail of bone cells, gum and connective tissue using a high-voltage electron microscope which allows magnification close to a quarter million times.

The equipment allows three-dimensional viewing of how soft and hard tissue come together with the implants, information crucial to the study.

For this part of the study, Dr. Steflik will use an NIH facility in Albany, N.Y., one of three facilities in the country with this high-voltage capability.

This is not the first implant research at MCG. In the last decade, Dr. Steflik, in conjunction with Dr. McKinney and former MCG faculty member Dr. David Koth, used ceramic implants as a model system to document that the epithelium, or gum tissue, can form an attachment to implants. This attachment is essential in a natural tooth to protect the root.

Now researchers want to know if a similar seal occurs at the bone level.

Research has shown that a type of glue produced by the gum tissue seals off the area where ceramic implant and gum tissue meet.

"We want to examine bone cells to see if a similar glue comes from those bone cells and can be deposited on the implant to form an attachment," Dr. Steflik said. The attachment has been hypothesized but never proven.

"Then we have to know the mechanism of how bone reacts to the implant," he said. "Does a ceramic implant do something different than titanium? We are fairly sure that ceramic and titanium implants are bio-compatible in the bone. We want to look at the basic biology to see if bone actually attaches to ceramic or titanium in commercial implants."

The Food and Drug Administration and the American Dental Association are trying to set guidelines for implant use, he said.

"We want to set some standards that say this is what the tissue response to a dental implant should be. This is basic biology."

The lack of basic science behind dental implants has alienated dental schools for years, Dr. Steflik said. "It was asking too much of them to put something in the curriculum that was an untested method."

Dental schools only began including some information about implants in their curricula in the mid- to late 1970s. The MCG School of Dentistry recently incorporated a cognitive course on implants into the student curriculum. Dr. Steflik is the course director. Implants have been used been used clinically at MCG since 1979.

A 1988 NIH consensus conference, which gathered those with expertise with implants, stated that it was time to fund basic research and produce the science of how implants work.

The bottom line of the MCG research project is just that—to finally understand the science behind how these implants work or why they sometimes fail, Dr. Steflik said.

Researchers may learn which implants work best and what can be done to enhance the patient's response to implants. "This is the whole purpose of basic science inquiry, to enhance clinical performance and expectancy," Dr. Steflik said.

"Clinicians don't want to be going in five years later because of pain, discomfort and mobility and take these little devils out. We want to make sure they last for extended periods of time.

"We hope that after five years, we will have a better understanding of why implants succeed or fail. Then we can, hopefully, suggest ways to enhance the clinical performance of dental rehabilitative therapy."

—Toni Baker

Fibronectin's Dubious Role

A Medical College of Georgia study of the natural protein fibronectin has disproved the protein's role in the prevention or treatment of infection.

The first randomized clinical study of the natural protein fibronectin has proven that protein ineffective in helping critically injured patients avoid devastating infections and in improving their chances of surviving those infections.

"It is a negative study, but it is a significant study because it puts a lid on over a decade of speculation and expense," said Dr. Arlie R. Mansberger Jr., chairman of the Medical College of Georgia Department of Surgery and the study's principal investigator.

Fibronectin's job in the blood is to tag foreign material for removal from the bloodstream. In tissue, fibronectin is the glue that holds body cells together.

But doctors also have given fibronectin an unofficial role.

Major trauma often takes a toll on the immune system. Patients can suffer overwhelming infections which can lead to organ failure and death.

When trauma patients are dying from infection and shock, as a last-ditch effort, many doctors give cryoprecipitate, a blood product often given to those with bleeding disorders. In this case, cryoprecipitate is given as a source of fibronectin.

Animal studies and reports about experiences with patients have indicated that fibronectin has a role in reducing the ravages of infection and shock.

"We participated in some of it. We wrote up a few case reports saying that this material might be beneficial," Dr. Mansberger said. "We at the same time measured their fibronectin levels. If you give them cryoprecipitate, the fibronectin level does go up. But the fact that the fibronectin level went up and the patient improved does not mean necessarily that the improvement was due to the fibronectin increase."

Three years ago, a half-million-dollar grant from the U.S. Navy's Office of Naval Research and the U.S. Army enabled MCG to begin the first randomized clinical trial to scientifically determine what role, if any, fibronectin plays in helping trauma patients recover.

Dr. Mansberger will not completely rule out fibronectin's role. Doctors are still analyzing some information generated by the three-year study, such as whether fibronectin improves blood flow in the body's tiny capillaries. Also, some additional areas, such as wound healing,

Dr. Arlie R. Mansberger Jr. confers with colleagues about fibronectin study.

may need to be explored.

But in areas where research data has been thoroughly analyzed, the findings are negative.

Data compiled over three years from 85 patients at the MCG Regional Trauma Center proves fibronectin ineffective in preventing sepsis (infection) and in preventing death from sepsis.

"In the prevention or treatment of sepsis, there is no sense in giving cryoprecipitate as a source of fibronectin," Dr. Mansberger said. "It's in the body for a reason, but its reason isn't to keep people out of septic shock or to modify septic shock."

The New York Blood Center supplied MCG doctors with the purified fibronectin which made the study possible. MCG doctors felt it safe to administer the purified fibronectin because the New York center had a means of viral inhibition. Cryoprecipitate, the blood product commonly given as a source of fibronectin, is not viral-inhibited.

"We went into this thinking someone had to develop hard scientific evidence. And we felt we could give that material to people, which is a normal occurring product anyhow, without endangering them from the standpoint of giving them additional viral disease," Dr. Mansberger said.

"But in order to be scientific, none of us could know which patients were getting this. So our protocol was what we call double-blind, randomized, placebo-controlled. Nobody, except the doctor of pharmacy who was running the randomization, knew which patients were getting which material right up until the end of the study."

Over the period of the study—January 1986 to February 1989—355 patients were admitted to the Shock-Trauma Intensive Care Unit at MCG. Of those patients, 95 met entry criteria for the study. Ten patients later were excluded because eight patients did not stay the mandatory 72 hours in the unit and two died within the 72-hour period after their admission.

The criteria were that patients:

- ☐ must be between age 18 and 55;
- ☐ must be admitted to the unit within 24 hours of their injury; and
- ☐ must have sustained a major trauma, excluding thermal or lethal neurological injury.

Informed consent was required.

The idea was to look at a group of people similar in factors such as age and injuries so the study would be statistically valid.

Protocols called for administration of fibronectin or a placebo (albumin, another natural protein) on a daily basis whenever the body's own fibronectin level fell below 75 percent of normal. If a fibronectin deficiency did not occur, patients in either group were given saline. The cycle was repeated until discharge or the development of sepsis.

"The only statistically significant differences we found were between the combined groups receiving albumin or fibronectin and the group receiving saline," Dr. Mansberger said.

The doctors found that patients who never developed fibronectin deficiencies—the ones who only got saline because their own fibronectin levels never fell too low—did not require as much fluid, blood and blood products when they were first brought to the hospital and resuscitated. "So there may be a dilutional factor," Dr. Mansberger said.

They found that the patients who received fibronectin had the immediate, expected response of an increased fibronectin level. But the patients receiving placebo also had their fibronectin levels return to normal about three days after their injury without ever receiving a supplement.

"Despite fibronectin repletion . . . there was no association between the treatment and development of sepsis," Dr. Mansberger said.

However, the development of a fibronectin deficiency once a patient became septic was clearly associated with increased death rates.

Fifty-three percent of the patients who became septic also developed a fibronectin deficiency. Sixty-six percent of the patients who developed a fibronectin deficiency died while 12 percent of septic patients who did not develop a fibronectin deficiency died.

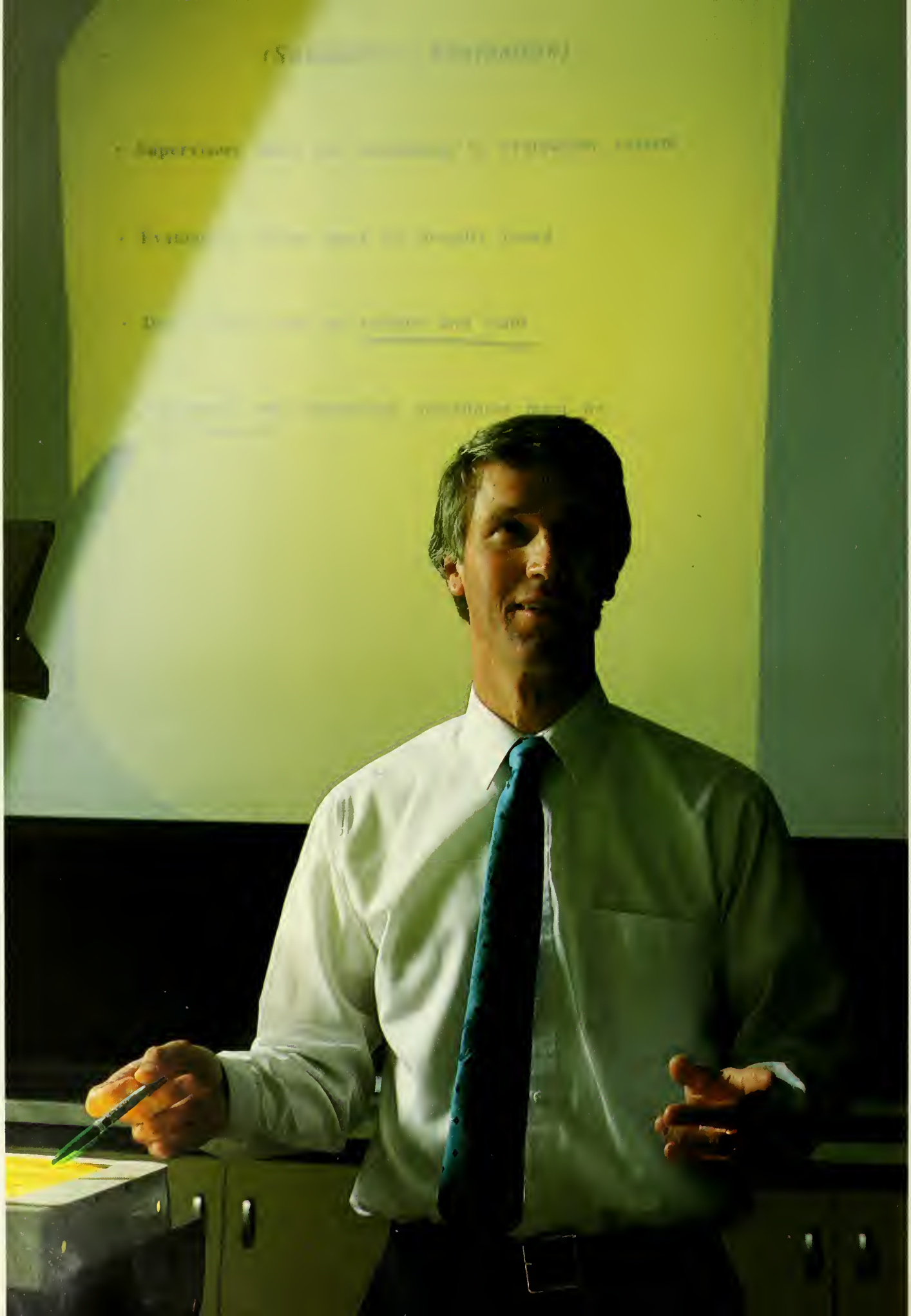
"That fibronectin deficiency was clearly associated with mortality in sepsis. In other words, as they died from sepsis, they had a fibronectin deficiency," Dr. Mansberger said. "It doesn't mean it was the cause, but they did develop it as they died." And even though these patients' fibronectin levels were constantly repleted, the repletion did not help combat death.

Also, patients in both categories—those who received fibronectin and those who got a placebo—developed fibronectin deficiencies when septic.

Dr. Mansberger was somewhat disappointed that fibronectin did not live up to its proposed reputation among those who care for the critically injured.

"Everyone would liked to have proven that something is very beneficial to mankind. But it's equally important to prove that it doesn't work. Somebody had to prove it right or wrong," he said. "I think we've proven it beyond a shadow of a doubt." ■

—Toni Baker



Teacher's Teacher

A Medical College of Georgia dental faculty member works with his colleagues to refine their teaching skills.

It stands to reason that no one would know more about dentistry than a dentist, but knowing about dentistry alone doesn't make a good dental educator. Teaching is a separate skill that must also be learned.

In September 1988, the administration of the Medical College of Georgia School of Dentistry created an office of educational development and hired Dr. Peter Cohen to oversee it.

Dr. Cohen, a native of Los Angeles, earned his undergraduate degree from the University of California at Berkeley in 1973 and his doctorate in education and psychology from the University of Michigan in 1980.

Since graduation he has had appointments at Dartmouth College and the University of Texas Health Science Center at San Antonio.

The Office of Educational Development was designed to provide instructional development support, to help faculty better utilize computers and to help improve media productions for the School of Dentistry.

Dr. Cohen plans courses that are specifically designed to help faculty learn how to better present subjects to students. The first of these "Teaching Skills for Dental Educators" was conducted during winter and spring quarters of 1989.

A dozen faculty members completed the course, and more than 15 participated in part of it. The material ranged from instructional planning to student assessment and lecturing.

Faculty members taking the course were first given an overview of the teaching/learning process. This included a section on the basic principles of teaching.

The second part of the course emphasized instructional planning, demonstrating how to select materials to be taught in a particular course and the methods to teach it.

Faculty members were even given pointers on how to construct methods of evaluating what the students had learned. This lesson included sections on how to construct tests and evaluate clinical performance and practice teaching sessions with feedback from other people in the course.

Other lessons included small-group teaching, clinical teaching and individualized instruction.

The course ended with a session on evaluating teaching effectiveness. This helps educators determine their effectiveness and ways to be more effective in the future.

"I'm very satisfied with the faculty response," Dr. Cohen said. "It has been very rewarding."

Helping instructors become better teachers is just one function of the Office of Educational Development. Another important mission of the office is to help students become better learners.

Beginning with the freshman class of 1989, all students will be required to take a freshman enrichment seminar. This one-hour course is designed to help students better comprehend and retain what they will learn over the next four years, as well as help them make the transition from an undergraduate student to a dental student and eventually a dental professional.

The course includes a series or workshops on study skills, test taking and higher-order thinking.

Additionally, students will be exposed to sessions on professional ethics. This part of the course is designed to increase the social conscience of tomorrow's dentists.

"Ethical questions need to be dealt with early," Dr. Cohen said. "If you have a student who will cheat and bend the rules, you are more likely to have a dentist who will bend the rules."

Other social issues such as stress management and substance abuse are also covered in the freshman seminar. The final sessions will deal with communication skills and human relations.

Dr. Cohen said he is anxious to see how the freshmen respond to the first of their seminars. School of Dentistry faculty are also hoping to see improvements in the work habits of the students.

The Office of Educational Development will also help students and faculty better utilize the computer resources available to them. This includes basic computer training for those who need it.

Faculty receive assistance in developing computer programs they can use in their courses.

A third function of the office is to help faculty learn how to effectively use instructional media both in the classroom and for professional presentations. The instructors can use this service to better illustrate dental procedures and problems to their students.

Faculty learn how to put together and use slide presentations, video tape presentations and handouts.

For those who are interested, instruction is also available on typesetting, graphic design and technical illustration. Educational development staff members put these programs together.

"I'm in a good position because our faculty is enthusiastic about participating in these programs," Dr. Cohen said. ■

—David Waller

Reclaiming Lost Minds

Researchers from several Medical College of Georgia departments are teaming up to battle Alzheimer's disease.

Martha Barnes* was relaxing quietly at home with her husband one evening last winter when she suddenly bolted from her chair and ran outside.

Her husband followed her. "Come back inside," he implored. "You don't even have a coat on."

"I have to hunt for the children," she responded frantically. "It's cold and dark; they need to be inside."

Mrs. Barnes' four "children" are actually adults with families of their own. But in their mother's mind on that cold, gray night, they were still the toddlers she'd nurtured 40 years earlier.

Her mind is playing such cruel little tricks more and more often these days. Mrs. Barnes has Alzheimer's disease.

"She was a great mom—the best," said Ginny Davis, her eyes glistening with tears. Mrs. Davis—one of Mrs. Barnes' children—devotes a great deal of time to her mother's care, as do her siblings. They take turns driving her from their Commerce, Ga., home to the Medical College of Georgia for treatment. Mrs. Barnes' husband retired early to care for her.

"I don't want her in a nursing home," Mr. Barnes said. "She wouldn't be satisfied. It may come to that, but I hope not."

Mrs. Barnes was diagnosed about a year ago with the incurable, untreatable disease in which lesions inexplicably form on the brain and destroy nerve cells, resulting in dementia.

The process is gradual. Mrs. Barnes is often lucid and still stays busy in her house and garden.

"Sometimes she'll ask a question she just asked two minutes ago, and other times, she'll talk to someone for two hours and they won't know she has a problem," Mrs. Davis said.

But even at her best, Mrs. Barnes is not the person she once was. She never sews anymore, once a frequent hobby, nor does she drive. She began baking a cake one day recently then despaired midway through when she couldn't remember how to proceed. "I can't do anything anymore," she lamented to her husband.

She frequently sets places at the dinner table for her children. "It's just the two of us," her husband will remind her. "Oh, yes. I was thinking there were more," she replies.

Mr. Barnes is his wife's constant companion. "I'm with her day and night," he said. When asked if the hardship frustrates or depresses him, he dismissed the question with a wave of his hand and pointed out that his wife is the one struggling. "I know what her problem is and I'm trying to learn to deal with it," he said.

Mrs. Barnes' awareness of her faltering mind and growing limitations adds to the horror of her plight.

"Mom's a very independent person, and the hardest part for her is to have to depend on other people," said Mrs. Davis.

The loved ones who must observe such degeneration are perhaps affected even more deeply. But they are determined not to give up.

"I told her I'd like to make her 16 again," Mr. Barnes said.

"We keep hoping. . ." said Mrs. Davis, her voice choked with emotion. "There is hope."

The Medical College of Georgia is on the forefront of transforming that hope into reality.

This summer, MCG was awarded a $1.2 million grant from Callaway Foundation Inc. of LaGrange, Ga., to fund an Alzheimer's Research Center for Clinical and Basic Research. The grant will fund three new positions for faculty with expertise in molecular biology and medicinal chemistry; the Alzheimer's studies of research fellows; and equipment and supplies.

It also will fund an animal behavioral center to expand the use of animal models to better understand the natural history of the disease and to test new agents to treat it.

"This grant allows us to expand our research initiative by getting even more specialized investigators, such as molecular biologists and medicinal chemists, to help us develop diagnostic as well as therapeutic modalities to impact on the illness," said Dr. Francis J. Tedesco, president of MCG.

* Patient's and family members' names have been changed.

"I think this is a clear demonstration that we have a major commitment to research and also demonstrates that our institution is very capable of competing for major research initiatives."

Alzheimer's research has been a major priority at MCG in recent years, and several ongoing projects are contributing significantly to the understanding of the disease.

One key area of research at MCG is that of Alzheimer's diagnosis. The disease currently is diagnosed by a process of elimination, based mostly on the patient's behavior. Only an autopsy can reveal the brain damage that indicates Alzheimer's disease.

Dr. Jerry J. Buccafusco, professor of pharmacology, toxicology and psychiatry, is trying to develop an animal model by which to help diagnose and treat Alzheimer's. He gives laboratory animals a drug that produces selective degeneration of cholinergic neurons. The cholinergic system is a group of nerve cells activated by acetylcholine, a neurotransmitter important to learning and memory that is eaten away in Alzheimer's victims. Therefore, the drug's effect on the monkeys mimics the disease.

Another diagnostic tool might be possible via magnetic resonance imaging, which provides X-ray-like images of internal organs, including the brain. MCG has been using the technology since the mid-'80s, and researchers are constantly refining its potentials.

For instance, Dr. Jerry Allison, associate professor of radiology at MCG, has used magnetic resonance spectroscopy to examine the brains of nine Alzheimer's patients and 10 people without the disease (as a test group) to discern differences in phosphorous metabolism. If those differences can be positively attributed to the disease, the data can be used to diagnose it and track the progress of drugs used to treat it.

Dr. Allison has noted differences between the Alzheimer's patients and the test group. For one thing, the images illustrate the already-established fact that phosphorous compounds, which store energy, are decreased in those with the disease. He also has found that one compound of phosphorous—beta-adenosinetriphosphate—is elevated in those with Alzheimer's. Levels of that and two other compounds—phosphomonoester and phosphodiester—seem to be linked to the progression of the disease.

The results aren't yet definitive. Those in the test group are all under 25 years old, so he isn't sure which differences are due to Alzheimer's and which are due to the normal aging process. He will shortly test elderly healthy volunteers and compare those results with those of the Alzheimer's patients. "It'll be interesting when we test age-matched subjects," he said.

Of course, diagnosis is but the first step toward conquering Alzheimer's. Researchers also are testing drugs that might hold the key to treatment, or even a cure.

Dr. Buccafusco, for example, is testing nicotine and nicotine-like drugs as memory enhancers.

Acetylcholine is important to learning and memory because it stimulates brain receptors, including nicotinic receptors. Because of lack of stimulation, these receptors decrease in number in Alzheimer's victims. And the remaining receptors are inactivated, and therefore useless.

"We're trying to design drugs to activate the remaining nicotinic receptors," Dr. Buccafusco said, noting that when the receptors are lost, memory input is hampered.

When given low doses of nicotine, laboratory monkeys perform better on tests, he said. And "it has been known for a long time that smokers who smoke while they're studying for an exam do better on the exam if they smoke while they take it." Cigarettes, of course, contain nicotine.

But the drug isn't applicable to humans. "Nicotine is a very good test drug, but it's toxic and associated with a lot of side effects," he said, stressing that the memory-enhancing effect of nicotine in no way suggests endorsement of smoking. "We're trying to find nicotine-like drugs that don't have the side effects."

A research project in which actual Alzheimer's patients are participating involves the drug, tacrine. Tacrine blocks the enzyme that destroys acetylcholine, the neurotransmitter eaten away in Alzheimer's victims. MCG is a recipient

of a national Wyeth Pharmaceuticals grant funding research of the drug's effectiveness in combination with lecithin. The one-year grant recently was extended for another year.

"A subgroup of patients has had some response to the tacrine/lecithin combination," said Dr. Kimford J. Meador, associate professor of neurology at MCG. That response includes enhanced short-term memory and emotional stability. "Between 30 and 40 percent show a mild-to-moderate improvement."

Dr. Meador is encouraged by the statistics but wishes they indicated more dramatic success. "It's clinically significant, but not overwhelming, frankly."

Also being tested is the drug, clonidine, in combination with tacrine-like drugs. Clonidine has been effective in treating alcoholics' memory problems. The drug also offsets the toxic effects of drugs that increase acetylcholine, such as tacrine. The treatment now is being tested on a test population, people without the disease, and will be used on Alzheimer's patients shortly.

"This is more of an exploratory study than a treatment study at this point," Dr. Meador said.

Another study involves treating patients with huge doses of the vitamin, thiamin. Thiamin levels decrease in Alzheimer's victims, which may contribute to symptoms. Unfortunately, the vitamin hasn't been effective in the dosages used in the study. "The good news is we didn't find any toxic effects at all," Dr. Meador said. "The bad news is we just didn't see results. We're still working uphill on this." The researchers plan to increase the dosage, hoping to see an effect.

The research of Dr. Meador and his colleagues in the neurology department might provide yet another diagnostic

Dr. Jerry J. Buccafusco

avenue. They are working on a study, funded in part by the National Institute of Aging, involving blocking the cholinergic system with the drug, scopolamine. Alzheimer's patients are unusually sensitive to the blockage; therefore, Dr. Meador hopes the drug can be used to definitively diagnose the disease.

Some of these research projects have yielded more success than others, but all have contributed to the understanding of the disease. "I feel confident we're stumbling across ways to help this disease," Dr. Meador said. "We might even stumble on a cure." ■

—Christine Hurley Deriso

Alzheimer's Other Victims

If one partner in a marriage has Alzheimer's disease, it is likely the well spouse will report a lack of mutual affectionate touching. But some of the afflicted spouses can be overly affectionate in a clinging, demanding way, according to a Medical College of Georgia researcher.

And in some cases with Alzheimer's-afflicted males, wives can expect increased demands for sexual intimacy—a fact that can make them feel exploited and insecure about leaving their husband under someone else's care.

Dr. Lore K. Wright, an assistant professor of mental health-psychiatric nursing in the MCG School of Nursing and assistant professor of psychiatry and health behavior in the MCG School of Medicine, is exploring the effects of Alzheimer's disease on the marital relationship.

Her research is based on interviews she conducted with couples in their homes in Georgia and South Carolina. Her research was supported by a National Institutes of Health predoctoral grant awarded by the National Center for Nursing Research.

Dr. Wright interviewed 30 couples in which one mate was in the early stages of Alzheimer's disease and the other mate was the care giver.

For comparison, another 17 couples—none of whom have the disease—were interviewed.

The two groups of couples were of similar age, education and income. However, Dr. Wright was unable to match the couples based on length of marriage.

"There were more second and third marriages in the Alzheimer's group," Dr. Wright said. "I don't know if this means there were early symptoms of the disease that could have affected the earlier relationships."

The couples were interviewed together for demographic, health and social information, and separately for questions about their marriage.

Dr. Wright asked questions regarding touching, caressing, hand-holding and hugging; sleeping arrangements; and frequency of kissing and sexual intercourse.

Also during the interviews, Dr. Wright recorded the number of times the spouses touched each other.

According to her findings, the spouses in the Alzheimer's group reported significantly less affection than spouses in the well group. But during the interviews, more touching was observed between the spouses in the Alzheimer's group.

About half, or 47 percent, of the caregiver spouses touched their afflicted mates during the interviews. Only 3 percent of the well spouses touched each other during the interviews and only 3 percent of the Alzheimer's-afflicted spouses touched their mates.

Some of the touches given by the caregiver spouses could be considered affectionate, and the afflicted spouses responded well. But the majority of the touches were instrumental in nature—tucking in a shirt or giving a pill—usually intiated after the afflicted spouse displayed some type of irritable behavior, Dr. Wright said.

Also in the study, Dr. Wright asked the two groups of spouses to rate their agreement about sexual relations. No significant difference between the groups was detected. However, open-ended questions asked separately to the spouses showed some differences, Dr. Wright said.

For example, when asked how often sexual intimacy occurred, the

Alzheimer's-afflicted spouses tended to overreport sexual activity compared to the reports given by their care-giver spouses. However, the reports of the spouses in the well group were practically identical.

Dr. Wright said an important finding of the study is that 73 percent of the couples in the Alzheimer's groups were no longer sexually active, compared to only 18 percent of the well-group couples.

However, a small number of Alzheimer's couples reported a high level of sexual activity of 14 or more times per month. Thus, the average sexual contacts per month was significantly higher for the Alzheimer's group, even after removing younger couples ages 60 and under from the statistical analysis, Dr. Wright said.

The well group above age 61 averaged 2.4 sexual contacts per month—considered normal for this age group. The Alzheimer's group above age 61 averaged 7.2 sexual contacts per month, reflecting hypersexuality in some of the spouses with Alzheimer's disease, Dr. Wright said.

Hypersexuality was detected only in the Alzheimer's-afflicted males. It occurred in 50 percent of those still sexually active, but only in 14 percent of the total Alzheimer's group.

"We know very little about hypersexuality," Dr. Wright said. "We know it has occurred in some animals and patients who have had temporal lobe seizures, but we don't know if this is connected with Alzheimer's."

That particular aspect of dealing with Alzheimer's disease seemed to be very difficult for the care-giver wives, the researcher said.

"One woman asked her physician to prescribe medication to help with the problem, but the spouse suspected what the medication was for and resented his wife for it," Dr. Wright said.

Because of the hypersexuality, care-giver wives also told Dr. Wright they are reluctant to get respite help—they do not want to leave their husbands with female respite care workers.

"That's a practical implication of this research," Dr. Wright said. "There aren't too many male respite care workers, so perhaps agencies should look at hiring more men so more people can have access to respite care."

Dr. Wright said another striking part of the research is that the care givers displayed a variety of ways to cope with Alzheimer's disease and its effects.

"Some had very accepting attitudes; others were frustrated and looking for new relationships," she said. "Some rejected the person outright. One woman said, 'Who would want a relationship with someone like that?'"

Dr. Wright said she hopes her research will help all health care professionals who work with Alzheimer's patients to become more aware of the problems so they can offer counseling on very personal topics, such as sex and marriage.

She also is working on other research analyzing the effects of Alzheimer's disease on different aspects of marriage, such as the assignment of tasks and communication.

A paper Dr. Wright wrote about her research helped her win the 1989 Outstanding New Investigator Award from the Council of Nurse Researchers of the American Nurses' Association. She presented her research and accepted her award during the group's national research conference in Chicago in September. ■

—Stephanie Neal

AlumNews

Dr. Tedesco Inaugurated

Christine Hurley Deriso

The Medical College of Georgia is a "bubbling, intellectual community" constantly adapting to the changing needs of a changing world, according to Dr. Francis J. Tedesco.

Dr. Tedesco discussed MCG's goals during his May 5 inauguration as MCG's sixth president at the Augusta-Richmond County Civic Center.

MCG excels in research, education and service, "but with our satisfaction, we harbor a 'divine discontent,'" he said.

"We intend to gain and maintain a regional and national reputation in research," Dr. Tedesco said. "It is within the larger context of Georgia's continued economic development and in full cooperation with our sister institutions that we intend to fulfill this mission."

MCG also must confront the rapidly changing health care environment, he said. "We see changes in the health care environment that call for serious changes in curriculum and teaching styles. Disease patterns are changing, delivery systems are evolving, payment mechanisms are under serious review and profound ethical dilemmas confront us."

The institution also is committed to increased minority representation and the implementation of the "knowledge explosion and advances in science and technology" in the classroom, research laboratories and hospital.

Such goals already are under way, he said, noting the Georgia legislature's approval of bonds for an ambulatory care and specialized care center. "This will not only allow us to provide a more efficient educational environment but will allow us the opportunity to provide more convenient and responsive health care," Dr. Tedesco said.

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Dr. Francis J. Tedesco inaugurated as MCG president.

Alumni Honored During Homecoming

Five Medical College of Georgia alumni and one MCG faculty member received special honors during MCG Homecoming May 4-7.

Dr. Rufus F. Payne, class of 1933, received the School of Medicine Distinguished Alumnus Award. After graduating from MCG, Dr. Payne attended Johns Hopkins University where he earned a master's degree in public health.

In 1945, Dr. Payne became superintendent and medical director of the Georgia State Tuberculosis Hospital in Alto, Ga. Within a year, he persuaded the state to acquire a more spacious facility in Rome, Ga., and the Battey State Tuberculosis Hospital soon became famous for its pioneering surgical and medical treatment methods for tuberculosis.

Dr. Payne returned to MCG in 1952 to spearhead the planning and construction of Talmadge Memorial Hospital. For the next 10 years, Dr. Payne headed the hospital and served as a professor at MCG. In 1966, Dr. Payne became director of hospital research and development at MCG. He

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Dr. Tedesco... *continued from page 17*

State-of-the-art health care resources are capital-and labor-intensive, but "the value to society of an extended and enriched life greatly exceeds the cost of the investment." And the people of Georgia are committed to making that investment, he said.

"With the continued support of these constituents and with the benediction from above, the Medical College of Georgia will be on the frontiers of research, of knowledge and of patient care," Dr. Tedesco said. ■

Alumni... *continued from page 17*

retired as an Emeritus Professor in 1971 and since that time has applied his knowledge to the treatment of tuberculosis patients at health clinics in South Carolina and at the State Health Department Clinic in Augusta.

Dr. Arthur H. Jeske, a graduate of the School of Graduate Studies (class of 1975) and School of Dentistry (class of 1978), received the Distinguished Alumnus Award for the School of Dentistry. Dr. Jeske is chairman of the Department of Pharmacology and associate professor in the departments of pharmacology and operative dentistry at the University of Texas Dental Branch in Houston.

He is contributing editor of the *Journal of Methods and Findings in Experimental and Clinical Pharmacology* and a clinical consultant to the Veterans Administration Hospital in Houston. He is president of the Mu Mu chapter of the national dental honor society Omicron Kappa Upsilon and serves on the executive committee of the Texas Dental Association Peer Assistance Program.

Donald E. Biggerstaff, class of 1970, received the Distinguished Alumnus Award for the School of Allied Health Sciences. Mr. Biggerstaff graduated from MCG with a master of science degree in medical illustration.

He is director of the Division of Biomedical Communication and associate professor in the departments of medical education and plastic surgery at the Southern Illinois University School of Medicine in Springfield, Ill. Mr. Biggerstaff has completed illustrations for a number of medical books and journals. He serves as consultant for illustration services at the University of California, Davis, School of Medicine and on the Program Advisory Committee at Johns Hopkins University School of Medicine.

Dr. James D. Folds, class of 1967, received the Distinguished Alumnus Award for the School of Graduate Studies. Dr. Folds earned his doctorate in medical microbiology from MCG and is professor in the Department of Bacteriology and Immunology in the School of Medicine at the University of North Carolina and director of the Clinical Microbiology-Immunology Laboratories for North Carolina Memorial Hospital.

Dr. Sarah Gueldner received the Phoebe Kandel Rohrer Founders Award for outstanding research and education. Dr. Gueldner is associate professor in the MCG School of Nursing in Athens.

She is program director for the Gerontology Update for Georgia Nurses and primary author and program director on a "Clinical Nurse Specialist in Gerontology" grant. In 1987, she received the Outstanding Faculty Award for the MCG School of Nursing. She has completed extensive research in gerontology, with emphasis on institutionalized and non-institutionalized elderly populations.

Mary Anne House, School of Nursing undergraduate class of 1974 and graduate class of 1979, received the E. Louise Grant Award which recognizes an outstanding alumnus in practice or administration. Ms. House serves MCG Hospital and Clinics as organ procurement program administrator and the School of Nursing Department of Adult Nursing as clinical instructor. ■

Alumni gather at Sacred Heart Cultural Center during Homecoming presidential lecture reception.

Graduation Held June 10

The Medical College of Georgia 1989 graduation ceremony was held June 10 at 2 p.m. in the Augusta-Richmond County Civic Center. Georgia's lieutenant governor, Zell Miller, was the guest speaker.

MCG's five schools also held year-end ceremonies.

The School of Allied Health Sciences held an honors ceremony June 10 at 10:30 a.m. in the large auditorium of the MCG Auditoria Center.

The School of Dentistry held a hooding ceremony June 10 at 10:30 a.m. at Trinity on the Hill Methodist Church in Augusta.

The School of Graduate Studies held a hooding ceremony June 10 at 8 a.m. at Augusta's Holiday Inn West.

The School of Medicine held a hooding ceremony June 9 at 2 p.m. at First Baptist Church in Augusta.

The School of Nursing held a pinning ceremony June 9 at 7 p.m. at the Sacred Heart Cultural Center in Augusta. ■

Outstanding Faculty Lauded

Five Medical College of Georgia faculty were honored with Outstanding Faculty awards at the May 25 faculty assembly.

The awards are presented annually to a faculty member from each of MCG's five schools. The honorees are Ricardo Carrasco, School of Allied Health Sciences; Dr. Charles F. Morris, School of Dentistry; Dr. Thomas Muldoon, School of Graduate Studies; Dr. J. Graham Smith, School of Medicine; and Dr. Nancy L. McCain, School of Nursing.

Mr. Carrasco, assistant professor of occupational therapy, earned a bachelor's degree in occupational therapy and a master's degree in special education from the University of the Philippines. He is a Ph.D. candidate in neuropsychology at Union Graduate School in Cincinnati. He joined MCG's faculty in 1983.

He is a member of the Alpha Eta Honor Society and was named Professional Rehabilitation Worker of the Year in the Philippines in 1982. He is a member of the World Federation of Occupational Therapists, the American Occupational Therapy Association, the Georgia Occupational Therapy Association, the Washington Occupational Therapy Association and the Occupational Therapy Association of the Philippines.

Dr. Morris, professor and chairman of the Department of Restorative Dentistry, earned a doctorate of dental science from the University of Tennessee College of Dentistry.

He joined the MCG faculty in 1972 as associate professor of the department and was named professor and chairman in 1977. He received the Most Outstanding Clinical Instructor Award from the MCG School of Dentistry class of 1977. He is a member of the American Dental Association, the Eastern District Dental Society, the Georgia Dental Association, the Kappa Lambda chapter of Omicron Kappa Upsilon (an honorary dental fraternity), the Academy of Operative Dentistry and the American Association of Dental Schools.

Dr. Muldoon was a professor of endocrinology at MCG before his death in 1989. He joined the faculty in 1969 as assistant professor, was named associate professor in 1974 and professor in 1978. He was a member of the American Society for Biochemistry and Molecular Biology, the Endocrine Society, the Society for the Study of Reproduction, the American Fertility Society, the American Association of University Professors, the American Association for Advancement of Science, Sigma Xi and Phi Lambda Upsilon.

He won the Faculty Recognition Award for Excellence in Research at MCG in 1980.

Dr. Smith, chairman of the Department of Dermatology, earned his medical degree from Duke University and joined the MCG faculty in 1967.

He is president-elect of the American Academy of Dermatology and has been a member of the American College of Physicians, Great Britain's Royal Society of Medicine and the American Society for Dermatologic Surgery. He received the Duke University Medical Center Distinguished Alumnus Award in 1981 and a presidential citation from the American Academy of Dermatology in 1981.

Dr. McCain, associate professor of adult nursing, earned a master's degree in medical-surgical nursing and teaching from the University of Mississippi and a doctorate in adult health/nursing education administration from the University of Alabama in Birmingham.

She joined the MCG faculty in 1986 and was acting chairwoman of the Department of Adult Nursing from 1986 to 1987. She was named the University of Mississippi Nursing Alumni Chapter's Alumna of the Year in 1980 and is a member of Sigma Theta Tau. ■

12 Faculty Members Retire

The Medical College of Georgia's 12 retiring faculty members were honored at the May 25 faculty assembly.

Retiring from the School of Allied Health Sciences are Ann S. Anderson, Sara R. Davenport and Dr. Billy M. Pollard.

Ms. Anderson, chairwoman of the Department of Medical Technology, earned a master's degree in medical microbiology from MCG. She joined the MCG School of Medical Technology (now the Department of Medical Technology) in 1960 as a teaching supervisor and was named an instructor in the department in 1965. She was named associate professor in 1974, acting chairwoman in 1976 and chairwoman in 1977.

She has been a member of the American Society for Medical Technology and the Georgia Society for Medical Technology since 1960. She also is a member of the Alpha Eta Society (the national honorary society for allied health sciences) and Alpha Mu Tau (the national honor fraternity for medical technology.)

Ms. Davenport, Associate Professor Emerita in the Department of Medical Record Administration, earned a master's degree in economics from North Carolina State University and a certificate in medical record science from the North Carolina Baptist Hospital and Bowman Gray School of Medicine in Winston-Salem. She joined MCG as assistant professor in the department in 1977, was named chairman and associate professsor in 1980 and Associate Professor Emerita in 1988.

She has been a member of the Phi Kappa Phi Honor Society and the Alpha Eta Honor Society and received the MCG School of Allied Health Sciences Distinguished Faculty Award in 1980.

Dr. Pollard, professor and chairman of the Department of Associated Dental Sciences, earned his doctorate of dental science from the University of Tennessee College of Dentistry. He served in the U.S. Navy Dental Corps from 1951 to 1953. He joined MCG in 1972 as director of the dental hygiene program and associate professor of periodontics. He was named professor and chairman in 1975.

Retiring from the School of Dentistry are Drs. Gerald H. Loft, Vincent E. Urbanek and Plummer H. Wynn.

Dr. Loft, professor in the section of occlusion, earned a doctorate of dental science from the Emory University School of Dentistry. He joined MCG as an assistant clinical professor of prosthodontics in 1969, was named an associate professor in 1973 and a professor in 1983.

He was named an honorable fellow by the Georgia Dental Association in 1973, has served as president of the Augusta Dental Society, and is a member of the American Dental Association and the Augusta chapter of the Alpha Omega dental fraternity.

Dr. Urbanek, professor of prosthodontics, earned a master's degree in education from Northwestern University and a doctorate of dental science from the University of Illinois College of Dentistry. He earned a certificate of prosthodontics from the MCG School of Dentistry. He joined the MCG faculty in 1970 as professor of oral medicine and full and removeable prosthodontics; coordinator of patient care; and director of temporomandibular joint activities.

He has been a member of the MCG Faculty Council, Omicron Kappa Upsilon (the national honorary dental society) and the American Dental Association.

Dr. Wynn, associate professor of oral medicine, earned a doctorate of dental science from the University of Tennes-

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Allied Health Sciences

Dr. Allen Named To Board

Ingrid Heggoy

Occupational therapy professor Dr. Virginia Allen was appointed to the Georgia Board of Occupational Therapy in March by Georgia Gov. Joe Frank Harris.

The board, which meets once a month, regulates occupational therapy in Georgia, including issuing licenses and disciplining members of the profession.

Dr. Allen is active in a number of national, state and local professional associations, including the American Occupational Therapy Association. She has presented papers in the United States, Canada, Denmark and Australia.

In addition, she is a consultant with other groups concerning design of adapted equipment, occupational therapy and architectural barriers.

She also said she would like to do more work with health promotion.

"I think that occupational therapists have the training to analyze activities and work with people to promote healthy lifestyles. Sometimes modern offices don't promote health, and occupational therapists can help improve the office environment."

Dr. Allen joined the Medical College of Georgia as an instructor in 1973. While teaching full time, she earned a master's of health education and a doctorate of education, and now is a full professor.

"I started at MCG the year the first class of occupational therapy students were seniors, so I've taught every one that's come through this program," she said.

She still works daily with undergraduate and graduate students, teaching classes in kinesiology, physical dysfunction, geriatrics, and occupational therapy theory.

Dr. Allen's life is busy outside of occupational therapy, as well.

"I got married last year, and Chuck and I bought a house. Now we're turning the back yard into formal gardens," she said.

During their free time, she and her husband also enjoy raising rabbits, parakeets and koi, a type of Japanese goldfish. ■

Student Wins Cancer Battle

David Waller

Kelly Traylor is proof that good things can come from bad experiences.

Ms. Traylor is a radiation therapy student in the Medical College of Georgia School of Allied Health Sciences who decided on a career while while undergoing radiation therapy to fight Hodgkin's Disease.

In 1987, when Ms. Traylor was 17, she was a very active junior at Glynn Academy in Brunswick, Ga. She was involved in several school activities and had just been elected president of the senior class.

Despite her active life and apparent perfect health, Ms. Traylor soon noticed that she was losing her stamina. She also began to feel a soreness in her neck. The fatigue eventually led her to her family doctor who suspected mononucleosis.

A blood sample was drawn and analyzed, but instead of mononucleosis, it showed an unusually high white blood cell count. Ms. Traylor's doctor immediately referred her to a surgeon and she was diagnosed with Hodgkin's Disease, a form of cancer that attacks the lymph nodes.

"I was scared, but not as much as you might think," Ms. Traylor said. "I was more determined to beat it."

Two days after the diagnosis, Ms. Traylor was in the hospital for surgery to determine the extent of the spread of the disease. The procedure determined that the cancer had not spread beyond the nodes in the chest and neck.

Like most cancer patients, Ms. Traylor began the long and uncomfortable treatment process. She received radiation treatments five days a week for more than six weeks and then started a series of six chemotherapy sessions that stretched over 18 weeks.

Ms. Traylor has now been in remission for almost three years.

"The two things that got me through this were God and my parents," Ms. Traylor said.

Even though the cancer was removed from her body, it will always be a part of Ms. Traylor's life. As a result of her experience, she began to read about cancer and its treatments. She soon realized that she wanted to share her experiences and help others who were going through similar experiences.

This eventually led her to the MCG radiation therapy program. Now, Ms. Traylor spends her days administering treatment to patients with a variety of forms of cancer.

"When you're on that table seeing all the equipment, you are really scared," Ms. Traylor said. "Having someone there that really knows what you are going through helps a lot."

Ms. Traylor will graduate from MCG in June of 1990 and is considering furthering her education at the Georgia Institute of Technology in Atlanta. She is interested in the physics aspect of radiation therapy. For now, Ms. Traylor finds a great deal of satisfaction in what she is doing.

"When I leave here, I feel so good about what I am doing. I know I'm helping so many people," she said. ■

Kelly Traylor prepares blocks for use in radiation treatment.

Allied Health Students Honored

David Waller

Allied health students were recognized for their academic excellence during the annual Medical College of Georgia School of Allied Health Sciences Honors Day June 10.

The Raymond C. Bard Scholarship Award, based on scholastic achievement and financial need, went to Harriette Anne Hawkins, a physician assistant student.

The Department of Associated Dental Sciences presented three awards. The Chairman's Award for academic excellence went to Bonnie Allen. Lyn Mitchell won the Best Clinician Award and the Preventive Dentistry Award went to Mary Brawner.

Hasanali Fatteh was presented the Dr. Walter L. Shepeard Achievement Award in the Department of Medical Technology for outstanding academic achievement.

The Outstanding Physician Assistant Student Award went to Ann Nettum.

In the Department of Radiologic Technologies, Sonya Sartain was named the Outstanding Student in Nuclear Medicine Technology. The award for Outstanding Student in Radiologic Technologies went to LouAnn Newcomb.

The Department of Respiratory Therapy presented the Chairman's Award for Student Achievement of the Science of Respiratory Therapy to Jane Olu Idris.

Also honored were 1989 initiates into the MCG chapter of the Alpha Eta Society. Faculty initiates are Laura Hooker and Bonnie Schmidt. The students are Kay Bingham, Susan Bookstaver, Brenda Contos, Virginia Davis, Jeffrey Dowling, Hasanali Fatteh, Janet Idris, Susan James, Sieglinde Kauffmann, Julie Kleinman, Molly McMillan, Paula Nally, Lou Ann Newcomb, Jerry Ramsey, Wendy Storm, Diane Vandyke, Lani Wallin and Wesley Wilkins.

Also, the following allied health students were listed in *Who's Who Among Students in American Universities and Colleges*: Robyn Bolton, Susan Bookstaver, Mary Brawner, Linda Brown, Virginia Davis, Jeffrey Dowling, Ellen Ealy, Hasanali Fatteh, Janet Idris, Susan Johnson, Shelley McElhanon, Ann Nettum, William Parham, Stephanie Smith, Janet Taylor and Diane Vandyke. ■

Two Join AHS Faculty

Two new faculty members have been hired in the School of Allied Health Sciences since Jan. 1. They are Sue Tucker Ward and Sidney R. Schneider.

Mr. Schneider, assistant professor of respiratory therapy, comes to the Medical College of Georgia from Salisbury State College in Salisbury, Md., where he was clinical coordinator and assistant professor of respiratory therapy.

He received his undergraduate degree from Townson State University in Townson, Md., and his master's degree in education from Salisbury State College.

Mr. Schneider is a member of the American Association for Respiratory Care. He has had two articles published in *Respiratory Therapy*.

He and his wife, Nancy, have two children, Jenni Lil, 6, and Cassie Lyn, 4.

Ms. Ward has been hired as an instructor of dental hygiene in the School of Allied Health Sciences.

Ms. Ward earned a bachelor's degree in dental hygiene from the Medical College of Georgia in 1975. Since graduation, she has worked as a dental hygienist for two Augusta area dentists.

Ms. Ward is vice president of the CSRA Dental Hygiene Society and a member of the Georgia Dental Hygiene Association and the American Dental Hygiene Association.

She and her husband, Phillip, have two children, Phil, 9, and Mary Catherine, 6. ■

Department Awarded Grant

The Department of Physician Assistant at the Medical College was awarded a $435,000 physician assistant training grant from the U.S. Department of Health and Human Services.

The grant will be spread over three years and will include funding for two full-time faculty members and a secretary. A portion of the money also will be used to help physician assistant students when they travel as part of their training.

Over the next three years, the department will emphasize four areas of learning to its students: rural health, geriatrics, AIDS and risk management. ■

Scholarships Awarded

Two Medical College of Georgia dental hygiene students were awarded scholarships by the Hinman Dental Society of Atlanta for the 1989-90 academic year.

Linda Jobe and Clarissa Schmidt were each given $500 by the society to continue their education. Scholarship recipients are selected by MCG faculty on the basis of financial need and academic excellence.

Ms. Jobe attended Augusta College prior to enrolling at MCG. She is a resident of Martinez, Ga.

Ms. Schmidt is a graduate of Augusta Area Technical School. She is a resident of Hephzibah, Ga.

Both recipients will be eligible for graduation in June 1990.

The scholarships were presented by Dr. Patricia Palmer, president of the Augusta Dental Society, in April. ■

Class Notes

Muriel Herrera Adams, M.R.A. (1969), Arlington, Va., is the assistant director of medical records for the Clinical Information Group and Health Association, Washington, D.C. Muriel is also the 1989-1990 president of the District of Columbia Medical Records Association.

Margaret Haslam Fieldus, M.R.A. (1978), Daytona Beach, Fla., is the quality assurance coordinator for the Halifax Medical Center. Margaret became Mrs. Joe Fieldus in October 1988.

Anita H. Grinstead, M.T. (1982), Macon, Ga., is working at the HCA Coliseum Medical Centers.

Tammy Godbee Crews, D.H. (1983), Sylvania, Ga., is part-time hygienist in the office of Hunter Rackley, D.M.D., and Joseph F. Griffin, D.M.D. A daughter was born to Tammy on June 8, 1989.

Marileigh Yates, D.H. (1986), Jonesboro, Ga., is employed by Solomon Cohen, D.M.D., and Stephan Drescher, D.M.D., in Atlanta.

Grace E. Yrizarry, P.A. (1987), Augusta, is a physician's assistant at the Augusta Regional Hospital in the acute chronic unit. Grace is a member of the GAPA and the AAPA as well. ■

School of Allied Health Sciences Alumni Association Officers, 1989–90

President
David Hamilton
(Term ends 1991)
404/737-0181

Vice President
Grace Yrizarry
(Term ends 1991)
404/790-2680

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404/721-2660

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803/648-6509

Dentistry

Dr. Myers Named Dean

Dr. David R. Myers was named dean of the Medical College of Georgia School of Dentistry in August.

Dr. Myers succeeds Dr. Judson C. Hickey, founding dean of the dental school. Dr. Hickey retired as dean in 1987 then served as acting president of MCG for a year. Dr. Leon A. Leonard, associate dean of clinical services, was named acting dean at that time. He retired in January 1989, at which time Dr. Myers was named acting dean.

Dr. Myers, 48, was one of four candidates recommended to MCG President Francis J. Tedesco by the search committee which was appointed in March 1988. Dr. Tedesco selected Dr. Myers and the University System of Georgia Board of Regents approved the nomination.

"I look forward to working with Dr. Myers," Dr. Tedesco said when announcing his appointment. "I think he is highly qualified and committed to striving to enhance the reputation and mission of the (school.)"

Dr. Myers earned his doctor of dental surgery degree from West Virginia University and his master of science degree from the University of Nebraska.

He joined MCG in 1970 as assistant professor in the Department of Pedodontics. He was named associate professor and chairman of the department in 1973, full professor in 1978 and acting associate dean for clinical sciences and Merritt professor of pediatric dentistry in 1987.

Dr. Myers is chairman of the American Board of Pediatric Dentistry and a fellow of the American Academy of Pediatric Dentistry and the American College of Dentists. ■

Dr. David Myers

Dr. Curtis Named Program Director

Dr. James W. Curtis Jr., a general-practice dentist in Bennettsville, S.C., has been named director of the Medical College of Georgia School of Dentistry general-practice residency program. He began July 1.

Dr. Curtis earned a doctorate in dental medicine and a general-practice residency certificate from the Medical University of South Carolina in Charleston. He served on the faculty of Wake Forest University's Bowman Gray School of Medicine (Department of Dentistry) in Winston-Salem, N.C., from 1980 to 1985.

He joined the University of Detroit School of Dentistry faculty in 1985 as assistant professor of oral medicine and periodontics and director of oral diagnosis and treatment planning. He was named associate professor and acting chairman in 1986. He began a private practice in South Carolina in 1987. ■

Griffin Family A Winning Team

Christine Hurley Deriso

MILLEN, Ga.—Five-year-old Anna sat on the floor at her father's feet, snuggled against his legs with pencil and paper in hand.

"How do you spell 'sister'?" she asked him, then penciled in the letters as he slowly spelled them out.

Dr. Joseph F. Griffin (class of '82), a Millen, Ga., dentist, has accomplished many things in his life, but the look in his eyes as he watched his daughter refine her newly acquired writing skills suggested that few things have made him prouder.

Anna and her 2-year-old sister, Sarah, are, in fact, endless sources of pride for their parents. Like all children, they seem to fill each day with new accomplishments, precious few of which go unnoticed by Dr. and Mrs. Griffin.

The Griffins' fierce dedication to their children hasn't gone unnoticed, either. Dr. Griffin's wife, Jan, was named the 1989 National Young Mother Representative for American Mothers Inc., the official sponsor of Mothers Day and the selection of National Mother of the Year. (Her mother, Frances Rackley, was named Georgia's 1982 Mother of the Year and first runner-up in the national competition.)

"This isn't the kind of title that you forget about until it's time to hand it over to someone else a year later," Mrs. Griffin said. "It takes a lot of work. The first thing I worried about was the time it would take away from my family. When I was selected, I called Joe and said, 'Am I going to be able to take this title home with me?' He said, 'We'll do it together.'"

The team-work philosophy pervades every aspect of the couple's life. They've always seen things through together, from the days Mrs. Griffin worked in public relations to provide an income while her husband was in dental school.

Dentistry wasn't Dr. Griffin's first choice. After graduating from the University of Georgia, he worked for a year as a speech pathologist. He was vaguely dissatisfied with the career and decided to change course. He chose dentistry, perhaps by osmosis.

"I inherited a family full of dentists," he said. Mrs. Griffin's father, Dr. R. Hunter Rackley, was a founding faculty member at the MCG dental school and has a practice in Millen. Her brother is a dental laboratory technician in Millen.

After graduating, the Griffins moved to Millen. Anna and Sarah came along shortly thereafter, and the ensuing combination of parenthood, dentistry and volunteer work has unified and mobilized the Griffins as never before.

Dr. Griffin and his father-in-law recently opened a new dental office, and Mrs. Griffin does bookkeeping work for them two days a week.

"The hardest part of what I do is not being a dentist—it's running an office. That's where Jan comes in—she does all the things I can't ask anybody else to do," Dr. Griffin laughed.

Her contributions benefit not only the office, but the relationship as well. "It gives me such an appreciation of what he has to do, and it helps us make decisions together," Mrs. Griffin said. It also gives them a chance to spend more time together, and with Dr. Griffin's workload, time is often a rare and precious commodity.

"In a small town, you don't have anybody to share the load with," he said of his practice. "If somebody has a toothache, he comes to us. But as much of a problem as it is, that's what makes my job so fulfilling. I know I'm needed."

He also has to make time for his positions as president-elect of the Eastern District Dental Society of Georgia and vice president of the MCG

Joe and Jan Griffin with Sarah (left) and Anna.

School of Dentistry Alumni Association. The latter title is especially close to his heart because of his fondness of his alma mater.

"MCG has done a remarkable job of recruiting students and keeping the quality up," he said. "The school is so well thought of everywhere. A lot of that is due to (founder and former dean) Jud Hickey. He took it from a standing start to one of the finest in the nation. You never have to apologize about having gotten your degree from MCG."

Mrs. Griffin participates in the dental organizations as well; she's on the state board of the Auxiliary to the Georgia Dental Association, which stresses dental education to the public. To help spread the word of dental health, she dresses up as a tooth annually and discusses oral hygiene with schoolchildren.

"The tooth outfit started as a Halloween costume," she said with a laugh. "I was a tooth and Joe was a tube of Crest."

She also manages to squeeze other community work into her schedule, including a local story hour for children, a young mothers' study group and a slew of church activities.

But despite their busy days, the Griffins' priorities never waver. "The family comes first," Mrs. Griffin said. "Joe could spend his free time playing golf or watching sports on TV, but he doesn't. He spends it with the family. He deserves to be father of the year." ■

D.M.D. Program Fully Accredited

Christine Hurley Deriso

The School of Dentistry's doctor of dental medicine program was fully accredited by the American Dental Association Commission on Dental Accreditation in May.

The commission is the accrediting body for U.S. dental schools. Accreditation assures that the program meets the minimal educational standards. The school was last accredited in 1979 and will undergo the process again in 1996, said Dr. David R. Myers, dean of the School of Dentistry.

The process began with a School of Dentistry self-study earlier this year in which the school identified its strengths and weaknesses. An ADA site visit team visited the school in February and prepared a report for the commission which assigned the accreditation classification of "approval."

The classifications are approval; conditional approval; provisional approval; and provisional with intent to withdraw accreditation.

"Conditional usually means the program has basically one solvable problem," Dr. Myers said. "Provisional usually indicates multiple problems."

The school's post-doctoral advanced-education programs (endodontics, prosthodontics, orthodontics, oral surgery and periodontics) also were fully accredited, as was the School of Allied Health Sciences' dental hygiene program.

The dental school's pediatric dentistry program received conditional approval.

"The problem is that we're short of faculty," Dr. Myers said. One of the program's four faculty positions was left vacant when Dr. Myers, departmental chairman, was named acting dean in December 1989. He anticipates filling the vacancy by March, at which time a report must be filed with the ADA. The ADA then will reconsider the program's accreditation status.

The school's general-practice residency program received provisional approval. Dr. James W. Curtis, formerly a general-practice dentist in Bennettsville, S.C., was named director in July and has begun implementing the commission's recommendations. A progress report will be submitted to the ADA in March, at which time the classification will be reconsidered.

"We're going to make all the corrections we need to get both programs up to full approval status," Dr. Myers said. ■

15 Residents Certified

Fifteen School of Dentistry residents received advanced-education certificates June 30.

The recipients, and the specialty in which they have been certified, are:

Victor A. Fletcher, Gilles Gauthier and John Wahle, prosthodontics; Mark I. Cohen and Nancy J. O'Brien, periodontics; Robert B. Moss Jr. and Michael K. Phelan, orthodontics; Jayni E. Bradley and Fouad Saad Salama, pediatric dentistry; Robert K. Hunt and Donald C. Neal, oral surgery; Richard P. Deasy and Thomas A. Reid, general practice; and Robert J. Gohean and Kenneth T. King, endodontics. ■

Class Notes

Michael T. Rainwater, D.M.D. (1977), Riverdale, Ga., will receive a fellowship in the Academy of General Dentistry at the annual meeting in New York this July. ■

School of Dentistry Alumni Association Officers, 1989–90

President
David J. Dickey, D.M.D.
(Term ends 1990)
3502 Wheeler Road
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404/737-3636

Vice President
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Graduate Studies

Dr. Kirby Addicted To Life

Christine Hurley Deriso

At first glance, Dr. Margaret Kirby might appear to be a workaholic.

True, she's spent many a weekend in her office, and her work days often stretch 12 or more hours long. But take a look at the other 12 hours of her day—those spent bicycling, jogging, playing the piano, cheering on a little-league team—and you'll realize it isn't work Dr. Kirby is addicted to. It's whatever happens to ignite her passion.

Her most enduring passion—besides her family—is science.

"I like the idea of searching for the truth, for the unknown," said Dr. Kirby, a Regents professor of anatomy at the Medical College of Georgia.

Dr. Kirby grew up in Oklahoma, the daughter of a housewife and a box-factory manager who anticipated her destiny. "My father told me all through high school I was cut out to be a scientist," she said.

Dr. Kirby wasn't so sure. She tended to concentrate on tasks at hand—namely schoolwork, at which she always excelled—rather than plot future moves. She also read voraciously, so when she graduated from high school, English seemed like a logical major. But as soon as she took a general biology course at Manhattanville College in New York, she was hooked.

"I got fascinated with it," she said, and opted to go to medical school. She worked as an emergency room technician throughout undergraduate school and assumed her future as a physician would unfold.

But once again, she changed her mind. "I got disillusioned my first year in medical school," she said. "Somehow, it didn't spark my imagination. It just really didn't turn me on." Research, on the other hand, did. So Dr. Kirby changed course one more time, and this time for good.

She earned a Ph.D. in anatomy from the University of Arkansas in Little Rock, then worked as an assistant professor at the University of Central Arkansas. Next, she did post-doctoral pharmacology work at the University of Chicago, nurturing her particular interest in the nervous system and neuroembryology.

She had also started a family by this time. Her husband was writing free-lance and stayed home with their two young children while Dr. Kirby worked in a lab. Although she has wistful moments in which she wishes she'd had more time with her growing children, she acknowledges she was never cut out to stay at home full time.

Besides, she's somehow managed to fit everything in. Her day begins at 5 a.m. She works for an hour at home, then prepares breakfast for the family. Next, she rides her bicycle 10 miles to MCG. She cranks out a 10- to 12-hour day, then bicycles home. (In inclement weather, she drives to work and jogs when she gets home.) Her evenings consist of such things as watching her son's baseball games, playing the piano, reading and cooking dinner. "Sometimes we don't eat until 9 at night," she said. "We stay pretty busy."

Her children, ages 13 and 15, have inherited some of their parents' talents—her son enjoys writing, for instance—but neither appears to be a budding researcher. "They like to come to the lab, but I don't think they're interested in pursuing careers in science," Dr. Kirby said.

They have other differences as well: "They like rock music, and I basically enjoy any music that isn't rock," she laughed. "But I think I enjoy my kids more every year. To me, it's more fun to interact with them at many different levels instead of changing diapers and feeding them."

Her work also becomes more and more fulfilling as she continues to unravel anatomical mysteries. One of every 100 babies is born with a heart defect, and Dr. Kirby has developed a model by which to study them.

Neural crest cells, found on either side of the developing nervous system, migrate in utero to many structures, including the heart. Dr. Kirby has found that removal of some of the cells results in heart defects. Therefore, by removing those cells in chicken embryos, she can study the heart both before and after its impairment. Many heart defects are now treatable, but she hopes her research will lead to prevention.

Her research is funded by a five-year, $3.5 million National Institutes of Health grant. She is in the process of applying for renewal.

"It's wonderful that we have operations that can lead kids to the point of leading normal lives, but these kids have a much higher risk of passing on the defect to their children," she said.

"We need to understand what makes a heart develop normally. We have no idea what all is involved. Medicine has outstripped our knowledge and ability to understand the whole process. Biologically, this is a disaster for us as a species. (Those with defects) will never be completely normal and the cost is astronomical. We need to change that." ■

Dr. Margaret Kirby works in lab.

Three Faculty Honored

Three Medical College of Georgia School of Graduate Studies faculty members received year-end awards from the Graduate Faculty Assembly.

The assembly honors faculty for service, teaching and research each spring. This year's recipients were Dr. Thomas O. Abney, honored for service; Dr. Gerald O. Carrier, honored for teaching; and Dr. John D. Catravas, honored for research.

Dr. Abney, associate professor of physiology and endocrinology, earned a Ph.D. in biochemistry from the University of Georgia and joined the MCG faculty in 1973 as an assistant professor of endocrinology. He was named an associate professor in 1980.

He organized the first Graduate Student Research Day (now an annual event), has served as chairman of the Graduate Faculty Organization and is active in student recruitment.

Dr. Carrier, a professor of pharmacology and toxicology, earned a Ph.D. in pharmacology from the University of Texas Medical School in San Antonio. He joined MCG as an instructor in 1974 and was named a professor in 1983.

He has trained five Ph.D. students and one master's student in pharmacology. He was director of graduate studies in pharmacology from 1981 to 1986, during which time he helped establish a toxicology concentration.

Dr. Catravas, associate professor of pharmacology and toxicology, earned a Ph.D. in pharmacology from the University of Mississippi and joined the MCG faculty in 1981.

He is internationally renowned for his research in lung pharmacology and toxicology and has published more than 100 scientific articles. In 1985, he was named an Established Investigator of the American Heart Association and received the Outstanding Basic Science Award for Young Faculty from the MCG School of Medicine. ■

Slain Chinese Students Memorialized

Christine Hurley Deriso

Su Feng's phone was ringing off the hook, and the news got more dismal with every call.

One call brought news of a man in China gunned down for taking a picture. The instant his finger snapped the picture, the fingers of Chinese troops pulled triggers.

Another call was from a friend who had seen a 9-year-old slain in the streets of China, again by government troops.

Ms. Feng, a graduate student in pharmacology at the Medical College of Georgia, shared the news during a memorial June 8 at the Carl T. Sanders Research and Education Building. The ceremony, sponsored by the School of Graduate Studies, featured brief statements by MCG faculty and students honoring the Chinese slaughtered by government troops in early June. The troops were called out in response to weeks of peaceful student-led demonstrations for more freedom and democracy in the communist country.

Ms. Feng is from Shanghai and watched the carnage via the media. The calls she spoke of were from friends in China who witnessed it firsthand.

"One friend said, 'The scene here is much, much worse than whatever you saw on TV,'" Ms. Feng said, her voice flat and her eyes sunken and weary. She seemed beyond tears. "People are in despair," she continued. "People need help. People have a government with no humanity."

But she expressed hope that justice will somehow prevail. "A government which kills its own people will never be a winner," she said. "A government with no humanity will always be a loser."

Dr. Richard Martin, a faculty member and president of the MCG chapter of the American Association of University Professors, concurred, predicting the demonstrators' eventual victory. "They will be the leaders of a new nation in not too many months," he said.

Yu Zhu, another graduate student who spoke at the memorial, sounded less optimistic. Few Chinese people are well-educated, he said, and the government may thrive in such an environment. "At this point, we're hopeless and desperate," he said.

Dr. Lowell Greenbaum, vice president of research and dean of the School of Graduate Studies, implored those at the ceremony to actively support the demonstrators' cause, as MCG students did during marches on campus May 23 and June 5. "History has taught us that silence is the permission of genocide," he said, noting that the tragedy has touched us all. "The genocide in China was unique in one way: the world watched it happen and felt it knew the people it happened to." ■

Ph.D. Program Thriving

The Medical College of Georgia School of Graduate Studies awarded 15 Ph.D. degrees in 1988-89, the most awarded in one school year in the history of the school, according to Dr. Lowell M. Greenbaum, dean of the school and vice president for research.

"This comes about because of an enhanced graduate program which is growing," Dr. Greenbaum said.

The school awarded five Ph.D. degrees in 1987-88. The Ph.D. program began in 1963.

The 1989 degrees consisted of two anatomy degrees; six cell and molecular biology degrees; three endocrinology degrees; two pharmacology degrees; and two physiology degrees. ■

Class Notes

Mary Q. Bear, M.S.N. (1976), Gainesville, Ga., is the director of the Brenay Hall Nursing School. Mary has also completed her Ed.D. at the University of Georgia with a major in curriculum and instruction.

William D. Davenport Jr., Ph.D. (1976), Metarie, La., is the associate professor of oral pathology, associate professor of anatomy and the director of the Dental Research Histology Laboratory at Louisiana State University School of Dentistry. William was recently elected to an honorary membership in the C. Edmund Kells Honorary Society. ■

School of Graduate Studies Alumni Association Officers, 1989–90

(Term's expiration in parentheses)

Officers

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Geraldine Rinker, *past president*
John B. Black, *president elect*
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Nominating Committee

Ken Roper (1991)
Elizabeth H. Cook (1991)
Sharon Butler (1990)
August Roesel (1990)

Medicine

Dr. Eastwood Named Dean

Christine Hurley Deriso

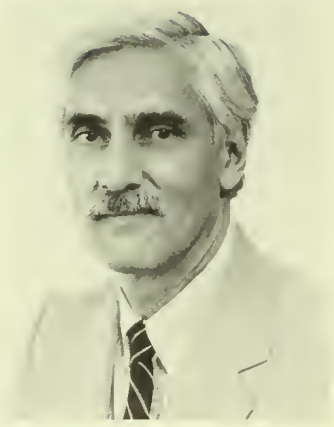
Dr. Gregory L. Eastwood, professor of medicine, director of the gastroenterology division and associate dean of admissions at the University of Massachusetts Medical School, was named dean of the Medical College of Georgia School of Medicine in July.

He began in September. The University System of Georgia Board of Regents approved the appointment, recommended by an MCG search committee, at a July 12 meeting.

"Dr. Eastwood is highly regarded as an educator, an investigator and a clinician," said Dr. Francis J. Tedesco, president of MCG. "He has distinguished himself as an effective administrator as well as an innovative decision maker. I believe he will be an asset to the School of Medicine and the Medical College of Georgia and I look forward to working with him for the betterment of MCG and all its constituents as we move toward the expansion of our research mission and the continued enhancement of our education and service missions."

Dr. Eastwood said he is excited about his new position. "I'm delighted," he said. "I've gotten to know the people at MCG, and I think there's a good fit. I'm also impressed by the very cordial relationship that exists between the community and the institution."

Dr. Eastwood said he will stress research, including laboratory research and scholarly activity, as dean.



Dr. Gregory L. Eastwood

Other priorities include re-examination of the curriculum and faculty development. "I want to work on how the faculty feel about themselves and how they teach," he said. "I think an area that tends to be neglected in medical schools is teaching people how to teach."

Dr. Eastwood, 48, is a native of Detroit. He earned a bachelor's degree from Albian College in Michigan and a medical degree from the Case Western Reserve University School of Medicine. He is board certified by the American Board of Internal Medicine and the American Board of Gastroenterology.

Dr. Eastwood joined the University of Pennsylvania School of Medicine faculty in 1967 as an assistant instructor of medicine. He was a research fellow in medicine at the Boston University School of Medicine from 1970 to 1972; a clinical instructor of medicine at Jefferson Medical College in Philadelphia from 1972 to 1974; and an assistant professor of medicine at Harvard Medical School from 1974 to 1977.

He joined the University of Massachusetts Medical School faculty in 1977 as an associate professor and was named a professor in 1982. He was named interim associate dean of admissions in 1985 and associate dean of admissions in 1986.

Dr. Eastwood is secretary of the American Gastroenterological Association and is a prereviewer for gastroenterology training programs for the Accreditation Council for Graduate Medical Education. He also is a fellow of the American College of Physicians.

He and his wife, Lynn, have three daughters, ages 15, 19 and 21. ■

Alum Builds A Better Mousetrap

Toni Baker

Dr. J. Roger Bullard remembers a child lying awake while he tried and tried to intubate the young patient.

The child had Pierre-Robin syndrome, a congenital problem resulting in a small mandible, large tongue and a very anterior-placed larynx.

"Actually, none of the laryngyscopes that we had at the time would allow us to expose this particular child," Dr. Bullard said.

It was the 1960s and Dr. Bullard was an anesthesiology resident at Walter Reed Army Medical Center.

"I fashioned a spoon into the shape of what I figured would be needed for us to see, to expose the child's larynx. But fiberoptics were not developed at that time to the state of the art so that we could do it," Dr. Bullard said.

So they had to do a blind intubation. The child was awake for the several attempts it took to place the tube correctly.

Nearly a decade later, Dr. Bullard remembers a woman with a large tumor at the opening of her larynx.

It was the mid-1970s and he was at the Medical University of South Carolina where he'd been charged with starting a program in obstetrical anesthesia.

"By that time, they had developed what was called a flexible, directable bronchoscope. By moving little levers up near the light source, you could direct the tip of the bronchoscope."

The team was trying to use this scope to intubate the patient. "You could see the vocal cords, you could see where you wanted to go. You could put the bronchoscope through the vocal cords, then you would try to slide the endotracheal tube down over the outside and take out the bronchoscope. But the tube would not go in."

The case had to be canceled, and the next day, a tracheostomy was performed so the patient could be safely anesthetized.

Frustrated, Dr. Bullard went back to his office and began perusing anatomy books.

The anatomy was consistent and the tools anesthesiologists were using to visualize the airway consistently did not conform to that anatomy.

So Dr. Bullard decided to build a better mousetrap.

"What I did was design an instrument that conformed to the normal human anatomy," he said of the laryngoscope with an anatomically shaped blade. "Through the use of fiberoptics, you were able to visualize without having to distort the normal anatomy. In other words, you don't have to have a straight line of vision between your eye and the trachea with this one."

The 1959 graduate of the Medical College of Georgia worked with Circon AMCI of Stamford, Conn., to develop the Bullard intubating laryngoscope pediatric and adult versions designed to ease the difficult intubation. A laryngoscope for premature infants should be available in November. A patent also will be issued in November for a multi-purpose scope with interchangeable blades that will ease intubating patients with special problems such as

Dr. Roger Bullard with laryngyscope.

wide tongues and narrow mouths.

"With this instrument, when you look in, you are looking straight down the opening between the vocal cords. Once you see the opening, you can either introduce the endotracheal tube using a stylet (guide wire) or the intubating device incorporated in the laryngoscope," the inventor said.

The laryngoscope is being marketed as ideal for cervical spine fractures, upper body burns, trauma and congential problems such as Pierre-Robin syndrome, which Dr. Bullard first encountered as a resident.

It fits on a ubiquitous battery handle used all over the world, can be held in either hand and used on patients placed on their right side, left side or upside down.

"It's easy to use. It's anatomically shaped. It's (not) traumatic. You can use it in so many different situations where you can't use the other type of laryngoscope safely," Dr. Bullard said.

The special scopes have been widely available for at least six months and more than $1.2 million worth have been sold.

"At the time I started, I did not know whether I would be able to do this. There is nearly a century of ingrained use of the other type of laryngoscope that has to be overcome. But every day, we are seeing more people who are using our laryngoscope, not just for the difficult intubation, but they are using it for all of their intubations," he said, noting that because the device does not require that the teeth be used as leverage, there is less risk of cracking or chipping teeth.

"Two things that anesthesiologists say: If I have a good airway and a good IV, I can do anything," the MCG alum said. "I feel like I've given them half of that." ■

Dr. Berman Wins Resident Award

Dr. Earl Berman, a 1988 graduate of the Medical College of Georgia School of Medicine, has been awarded one of four Resident Research Awards by the American College of Physicians.

"Eye Tracking of Adolescents Viewing Tobacco Advertisements" was one of 250 abstracts submitted by residents for presentation at the 1989 annual meeting of the American College of Physicians. Seventy abstracts were selected for presentation and four were awarded prizes.

Dr. Berman completed the study in his senior year at MCG. He worked with Drs. Paul Fischer and John W. Richards Jr., both faculty members in the MCG Department of Family Medicine, and Dr. Dean Krugman, from the University of Georgia Henry W. Grady College of Journalism and Mass Communications.

Dr. Berman is now a resident in internal medicine at Memorial Medical Center in Savannah. ■

Alum Publishes Book on Child Molestation

Stephanie Neal

A Medical College of Georgia alumnus has co-authored a book on the evaluation and treatment of child molesters—a book designed to help clinicians with identification, diagnosis and treatment in both inpatient and outpatient settings.

Dr. A. Kenneth Fuller, a 1983 graduate of the MCG School of Medicine, is a staff psychiatrist at the Archbold Mental Health Center in Thomasville, Ga., which serves six counties in southwest Georgia.

Dr. Fuller, who attended MCG on a scholarship from the State Medical Education Board of Georgia encouraging physicians to practice in rural portions of the state, also has a private practice in Thomasville.

The book, "The Child Molester: An Integrated Approach to Evaluation and Treatment," was published this year as the first in a clinical psychiatry series by Brunner/Mazel Publishers in New York. The publishers asked Dr. Fuller and his colleagues to write the book after they published a chapter on child molestation and pedophilia in another book.

"Historically, society has had strong moral opinions about child molesters, so they were often ignored," Dr. Fuller said. "Unfortunately, the problem does not go away.

"But now the public wants something to be done for these people. So the first step to solving a problem is for people to be aware of it," he said.

According to statistics provided by Dr. Fuller, between 100,000 and 500,000 children in the United States each year suffer abuse in the form of sexual molestation. A single child molester can commit hundreds of sexual acts on hundreds of children, and perhaps less than 6 percent of all such acts are reported.

Dr. Fuller said he became interested in the subject of child molestation while working on a unit of sex offenders as part of his postgraduate work at the University of Florida Department of Psychiatry in Gainesville. Dr. Fuller now is an assistant clinical professor there.

The book's co-authors also are affiliated with the University of Florida: Dr. George Barnard, who still is professor and chief of the forensic division in the Department of Psychiatry, and research assistant Lynn Robbins and Ted Shaw.

The book aims to inform psychiatrists, psychologists and social workers who are

working with child molesters, Dr. Fuller said.

The book is divided into three sections: one defining the problem and describing the assessment, diagnosis and treatment; the second describing the state of Florida sex offenders unit as a model for a residential evaluation and treatment program; and the last discussing the legal, ethical and treatment issues involved with child molesters. ■

Class Notes

Adolph E. Drexel, M.D. (1929), Athens, Ga., is "tired and retired." He is a free-lance writer and inventor.

James W. Clower, M.D. (1940), Daytona Beach, Fla., was an American Academy of Ophthalmology Guest of Honor in 1988.

Thomas C. Deas, M.D. (1945), Wynnewood, Pa., received the American Society for Testing and Materials Award of Merit in 1989. Thomas is a professor emeritus of anesthesiology at the Temple University School of Medicine in Philadelphia.

Nat E. Smith, M.D. (1949), Winston-Salem, N.C., has been named professor emeritus of medicine at the Bowman Gray School of Medicine of Wake Forest University in Winston-Salem.

Luther B. Travis, M.D. (1955), Galveston, Texas, is a professor in pediatric nephrology and diabetes at the University of Texas Medical Branch, Galveston.

Joe L. Griffeth, M.D. (1956) Commerce, Ga. was elected Trustee of Kiwanis International in June 1989.

Pierre M. Nizet, M.D. (1959), Santa Barbara, Calif., is an international (Europe) consultant in hydrotherapy and thalassotherapy.

William E. Silver, M.D. (1963), Atlanta, was the director and faculty member of a soft tissue workshop sponsored by the American Academy of Facial Plastic and Reconstructive Surgery.

Gordon C. Carson III, M.D. (1965), Houston, has been appointed the associate professor of radiology at the University of Texas Medical School at Houston. Gordon is also chief of radiology at the new teaching facility, Lyndon B. Johnson General Hospital in Houston.

Carl L. Crawford, M.D. (1965), Warner Robins, Ga., has semi-retired and boasts of his new grandson born January 1989.

Capt. Elizabeth Ledbetter, M.D. (1973), San Diego, is certified by the American Board of Preventive Medicine-Aerospace. Elizabeth is the head of the Branch Medical Clinic, NAS, Miramer, CA.

William E. Verross, M.D. (1974), Charlotte, N.C., practices OB/GYN in Charlotte.

Powers Peterson, M.D. (1975), New York, received board certification from the American Board of Pathology, Hematology in 1988. Powers is associate professor of pathology, Cornell University Medical College, New York, associate attending pathologist, New York Hospital, New York, and consultant in pathology, Montrose Veterans Administration Hospital, Montrose, NY.

David Crippen, M.D. (1976), Pittsburgh, is the associate director of the medical/surgical intensive care unit at the St. Francis Medical Center in Pittsburgh. In March 1989, David presented two medical abstracts at the Second International Reanimatology Symposium in Moscow, Soviet Union.

David W. Retterbush, M.D. (1977), Valdosta, Ga., has been elected a fellow in the American College of Gastroenterology. David practices general surgery and gastroenterology endoscopy.

Charlotte LaRocca, M.D. (1978), Glastonburg, Conn., is in private practice in Hartford, Conn. In April 1989, Charlotte gave birth to her first child.

William C. Mobley, M.D. (1978), Davenport, Iowa, has been named chief of staff at Mercy Hospital, Davenport. William has a private practice in urology.

Charles Peach, M.D. (1978), Gastonia, N.C., has recently completed a term as chairman of the Department of Obstetrics at the Gaston Memorial Hospital, Gastonia, N.C.

Marietta Nelson, M.D. (1979), Las Vegas, has been elected president of the Las Vegas Ophthalmological Society. Marietta's second child was born this year.

Linda S. Jones, M.D. (1980), Bainbridge, Ga., has completed an internal medicine residency. Linda has been in private practice since July 1989.

J. Dale Browne, M.D. (1982), Winston-Salem, N.C., has been appointed assistant professor of surgery (otolaryngology) at the Bowman Gray School of Medicine of Wake Forest University, Winston-Salem.

Christopher U. Cates, M.D. (1982), Atlanta, has published a scientific study entitled "Dipyridamole Radionuclide Ventriculography: A Test With High Specificity for Severe Coronary Artery Disease." It appeared in the March 1989 Journal of the American College of Cardiology.

Carol A. Walker, M.D. (1982), Tampa, Fla., is on the medical staff as an attending physician at Shriners Hospital, Tampa.

David Reed Wharton, M.D. (1982), Lookout Mountain, Tenn., has been appointed interim director of the Emergency Department at Erlanger Medical Center, Chattanooga, Tenn.

Mark R. Keaton, M.D. (1982), San Antonio, will assume a staff hematology/oncology position at the Dwight David Eisehower Army Medical Center at Fort Gordon.

Maj. J. Vincent Lyons Jr., M.D. (1982), Fort Benning, Ga., is on staff in the OB/GYN department at Martin Army Hospital in Fort Benning. Vince will be joined by his wife, Janet Davis Lyons, an '86 MCG graduate, this year. "How 'bout them Healor Monsters?"

Stuart Simon, M.D. (1982), New Haven, Conn., is completing a fellowship in pulmonary and critical care medicine at Yale University. After completion, Stuart will move to Atlanta where he will join the practice of Cobb Lung and Intensive Care Associates.

Lt. Ben C. Andrews, M.D. (1984), Camp Lejeune, N.C., recently received the Army Commendation Medal in recognition of his meritorious achievement while serving as a medical office for the Marine Forces in Panama.

Daniel R. Murphy, M.D. (1984), Charlotte, N.C., has finished a fellowship and residency in obstetric anesthesiology at the University of California, San Francisco. Daniel is in private practice with MCG alumnus **Charles W. Long, M.D., (1984),** at the University Memorial Hospital in Charlotte.

Kenneth J. Walker, M.D. (1984), Warner Robins, Ga., has joined with Dan Toland, M.D., ENT Surgical Association of Central Georgia in Warner Robins. Kenneth has two sons.

William E. Durrett Jr., M.D. (1985), Aiken, S.C., has become an associate with the Aiken Anesthesiology Group, P.A. and H.C.A. Regional Medical Centers in Aiken.

Donald B. Franklin Jr., M.D. (1985), Nashville, Tenn., received a fellowship, division of nephrology at the University of Tennessee, Chattanooga Unit, Erlanger Medical Center, Chattanooga.

Harold J. Fuller, Jr., M.D. (1985), Mobile, Ala., has completed chief residency in psychiatry at Johns Hopkins Hospital. Harold will enter private practice in general adult psychiatry in Mobile.

Debra J. Grodick, M.D. (1985), Morrison, Colo., is practicing in emergency medicine at Littleton Hospital in Littleton, Colo. Debra married Ken Kulig, M.D., in March 1989.

Nancy Neurenkator, M.D. (1985), Potomac, Md., is joining the private practice of Greenbriar OB/GYN Associates in Fairfax, Va. Nancy gave birth to a daughter in March 1989.

Jonathan A. Jarman, M.D. (1986), Bridgeport, Conn., is practicing in diagnostic radiology, PGY-3 at St. Vincents Medical Center in Bridgeport. As of July 1989, Jonathan has been a radiation oncology resident at Rutgers University.

Janet Davis Lyons, M.D. (1986), El Paso, Texas, is chief resident in OB/GYN at William Beaumont Army Medical Center in El Paso and will join her husband, **J. Vincent Lyons, M.D., (1983),** in Fort Benning, Ga., in 1990.

William Anderson Nish, M.D. (1986), San Antonio, recently completed a pediatric residency at U.S.A.F. Medical Center Keesler in Biloxi, Miss., and William will begin an allergy-immunology fellowship at Wilford Hall, USAF Medical Center.

Lt. Edward P. Burrus, M.D. (1987), Charleston, S.C., has been recently commissioned in the Navy Medical Corps.

James E. Chapman, M.D. (1987), Macon, Ga., is practicing with the Cardio-Thoracic Vascular and Pediatric Surgery Associates in Macon.

Deceased

Blaydes, Franklin Gerard, M.D. (1932), Cairo, Ga.

L. Richard Lanier Jr., M.D. (1949), Savannah, Ga.

Pelham Staples, M.D. (1950), Ft. Worth, Texas.

William H. Lucas, M.D. (1955), Rome, Ga. ■

School of Medicine Alumni Association Officers, 1989–90

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Nursing

Dr. McCain Named Acting Chair

Stephanie Neal

Dr. Nancy L. McCain has been named acting chairwoman of the Department of Mental Health-Psychiatric Nursing in the Medical College of Georgia School of Nursing.

She replaces Dr. E. Gerald Bennett, an associate professor who is stepping down as chairman.

Dr. Bennett has been invited to work three months as a consultant to the Homeless Demonstration and Evaluation Branch of the National Institute of Alcohol Abuse and Alcoholism in Rockville, Md. He will take a leave of absence from his MCG position during the fall quarter and will return to the School of Nursing in the winter.

In his position at NIAA, Dr. Bennett will offer technical assistance to applicants applying for grants to develop alcohol and drug treatment programs for the homeless. The branch he will work for administers a $21 million budget in fiscal 1990.

Dr. McCain, an associate professor in the Department of Adult Nursing, came to MCG as the acting chairwoman of adult nursing three years ago. Before joining MCG, she was an associate professor of nursing at the University of Mississippi School of Nursing.

She is researching stress and coping in people with human immunodeficiency viral disease.

Dr. McCain has a bachelor's degree and a master's degree in medical-surgical nursing and teaching from the University of Mississippi and a doctorate degree in nursing from the University of Alabama in Birmingham.

A search committee has been appointed, chaired by Dr. Maureen Killeen. ■

Dr. Conway Prepares For Retirement

Stephanie Neal

Dr. Mary E. Conway's suits and silk shirts-appropriate attire for a dean-might soon be replaced with coveralls.

Coveralls would come in handy when Dr. Conway does volunteer work with Habitat for Humanity, a volunteer organization made famous by former U.S. President Jimmy Carter that helps provide housing for low-income families.

But beyond a little volunteer work building houses and perhaps some consultation work, Dr. Conway's retirement plans aren't finalized yet.

After all, she has about a year to plan.

Dr. Conway, who has been dean of the nursing school since July 1, 1980, announced in May she would retire effective June 30, 1990. She said she announced her retirement a year in advance so a new dean can be ready to assume responsibilities when she leaves.

Dr. Francis J. Tedesco, MCG president, has appointed a search committee to screen and interview candidates for the position. That committee began work in August.

When she reflects on her nine years as dean, Dr. Conway said several things come to mind first.

"I'm pleased that the academic quality of our programs are at a high level, and we're recognized throughout the South for that," a point substantiated because the school receives more applications than there are slots available in both undergraduate and graduate programs, Dr. Conway said.

Dr. Conway said she also is pleased with the established and growing research records of the School of Nursing faculty, including faculty who have been awarded National Institutes of Health funding in national research competition.

Also during Dr. Conway's tenure as dean, the school established a Center for Nursing Research, which involved budgeting and pre-planning for several years, she said. The center offers support for faculty research efforts, including a library with grant descriptions and computer and statistical support.

Also during Dr. Conway's tenure as dean, the MCG School of Nursing established its doctoral program, which is scheduled to graduate its first three students prior to her retirement in June 1990.

Off the MCG campus, Dr. Conway is the first chairperson of the Nursing Science Review Committee, a chartered committee in the National Institutes of Health. The committee reviews applications for National Research Service Awards and postdoctoral training.

She also is a past president of the American Academy of Nursing.

Before coming to MCG, Dr. Conway was dean of the School of Nursing at the University of Wisconsin-Milwaukee, and had been an associate professor at the Boston University School of Nursing. Early in her career, she worked as a staff nurse, head nurse, nursing supervi-

Dr. Mary Conway

sor and nursing director at various hospitals in New York and Massachusetts.

She has a bachelor's degree in nursing from Columbia University, a master's degree in nursing administration from the University of Minnesota and a doctorate degree in sociology from Boston University.

Dr. Conway has published various books and articles, and is assistant editor of the Journal of Professional Nursing. ■

School Undergoes Self-Study

Stephanie Neal

The bachelor's and master's degree programs in the MCG School of Nursing have undergone the close scrutiny of a 14-member committee of faculty and students preparing for a February accreditation visit from the National League for Nursing.

The National League for Nursing last visited the MCG School of Nursing in 1982, when the school was accredited for eight years.

"That's the longest accreditation period (the league) allows, and they didn't find anything major last time, so we hope to do the same thing this time," said Dr. Betty Pond, an assistant professor in the Department of Parent-Child Nursing and chairwoman of the self-study committee.

The MCG committee has completed a draft of the self-study report, which is required before the nursing league committee visits the Augusta campus to review the programs, Dr. Pond said.

"A self-study is a systematic processing of data in which you identify strengths, diagnose difficulties and make decisions about needed improvements and program growth," she said.

The committee began its work in April 1988, dividing into subcommittees all of the school's faculty to analyze the nursing programs' structure and governance, material resources, policies, faculty, curriculum and evaluation procedures.

The committee approved the programs' structure and governance and found they have adequate resources. And while some weaknesses were identified, these are being addressed before the review committee arrives, Dr. Pond said.

For example, scheduling in the bachelor's program was found to be inflexible, so some alternative scheduling is planned, she said.

"Our curriculum is in such a pattern that if students fail one course, that can slow them down for a year," Dr. Pond said.

In the master's degree program, the self-study discovered credit hours given in theory and practice courses varied in the different departments of the school. That already is being addressed, she said.

Another change already being implemented is reducing the number of faculty members on the school's standing committees to decrease the amount of faculty time the committees require. And the study committee also noted that faculty need to be given more time for research and scholarly activities and that the number of graduate and minority faculty appointments should be increased.

And as for material resources, the self-study committee noted that the school needs a new building. The MCG School of Nursing currently is housed in three separate buildings on campus.

"We know most of these things are in the works, but it will just take time," Dr. Pond said.

To prepare for the February visit by the accreditation committee, the MCG School of Nursing will stage a mock visit in January, just following the Christmas break. The visit will be coordinated by Dr. Gloria Clayton, a professor in the Department of Adult Nursing. ■

Ms. Wheale Honored

Carolyn Wheale, an instructor in the School of Nursing's Department of Mental Health-Psychiatric Nursing, received the first Dean's Recognition Award during the May faculty meeting.

The award recipient was selected by the school's junior class based on teaching ability and concern for students. Ms. Wheale was presented a plaque and $100 by Dr. Mary E. Conway, dean of the School of Nursing.

Ms. Wheale teaches classes in nursing process and theory and mental health promotion and is a supervisor in mental health clinicals.

She has a bachelor's degree in nursing from the University of South Carolina in Columbia, and received her master's degree in nursing from the Medical College of Georgia in 1980. ■

Search Committee Appointed

A nine-member committee has been appointed to screen and interview candidates for the position of dean of the School of Nursing at the Medical College of Georgia.

MCG President Dr. Francis J. Tedesco appointed the committee to find a replacement for Dr. Mary E. Conway, who will retire June 30 after 10 years as dean.

Dr. Gloria M. Clayton, a professor of adult nursing in the MCG School of Nursing, is chairwoman of the committee.

Committee members from the School of Nursing are Dr. E. Gerald Bennett, associate professor of mental health-psychiatric nursing; Dr. Joyce S. Billue, associate dean for undergraduate studies; Lou F. Gramling, a former instructor and current doctoral student at MCG; and Astrid G. Hellier, an assistant professor of parent-child nursing.

Other committee members are Cecelia K. Golightly, director of nursing, MCG Hospital and Clinics; Dr. Peter J. Hornsby, associate professor of cell and molecular biology; Geraldine Rinker, professor of medical technology; and Dr. Betty B. Wray, professor of pediatrics and medicine and chairwoman of the Section of Allergy and Immunology, MCG School of Medicine.

The committee began meeting in August. ■

Dr. Billue Named Associate Dean

Dr. Joyce S. Billue has been named associate dean for undergraduate programs in the Medical College of Georgia School of Nursing.

The appointment was effective July 1. She replaces Dr. Mary Ann Rogers, an assistant professor in the school's Department of Psychiatric-Mental Health Nursing, who had been acting associate dean since August.

As associate dean for undergraduate programs, Dr. Billue is responsible for student affairs and academic administration of the bachelor's degree nursing program at MCG in Augusta and at the School of Nursing's campus in Athens, Ga.

Dr. Billue said she plans to see the program through successful accreditation, up for review by the National League for Nursing in February; work to increase state board passing rates of MCG nursing graduates; and examine existing curriculum content for relevance and timeliness concerning topics such as acquired immune deficiency syndrome.

She also hopes to strengthen the school's relationship

with professionals in clinical practice who work with the school's students.

Before her appointment, Dr. Billue was an assistant professor in the school's Department of Adult Nursing. Before joining the MCG School of Nursing, she was an assistant professor in the Augusta College Department of Nursing and an in-service instructor and staff nurse at Talmadge Hospital, now MCG Hospital and Clinics.

Dr. Billue has a nursing diploma from Grady Memorial Hospital in Atlanta, bachelor's and master's degrees in nursing from MCG and a doctorate degree in education from the University of Georgia. ■

Dr. Kemp "Comes Home" To MCG

Ingrid Heggoy

Dr. Virginia Kemp said she felt like she was "coming home again" this summer when she returned to the Medical College of Georgia as the new director of the Center for Nursing Research.

That's not surprising, since she received her bachelor's degree in nursing at MCG in 1971, and she taught at the School of Nursing from 1979 to 1988.

Dr. Kemp began her duties as the new director July 1. Before assuming that position, she was on the nursing faculty at Georgia State University in Atlanta.

The Center for Nursing Research is a resource for nursing faculty, staff and students to facilitate nursing research and to help those interested in research apply for grants and other funding. It was established in 1987.

"Hopefully, we're going to be able to help faculty get grants, and help get their research published," Dr. Kemp said shortly before beginning the job.

Dr. Kemp commutes from Athens, Ga., where she lives with her husband, a pharmacist at the University of Georgia Veterinary School, and their four children.

Living in Athens is an advantage in that she is able to work with the nursing faculty at MCG's School of Nursing in Athens, Dr. Kemp said.

"The center is for the faculty at SONAT, too, and this might make it easier for them to use the resources we have in Augusta," she said.

Dr. Kemp said she expects to spend a lot of time in Augusta, as well, working with the faculty at MCG's main campus. ■

Nursing Students Honored

Eight students were honored June 9 during the ninth annual honors convocation for the Medical College of Georgia School of Nursing.

The students and the awards they won are: senior Karen L. Bynoe, Dean's Award for Best Essay by a Senior Student, and the Community Nursing Clinical Practice Award for outstanding clinical practice in the community; senior Catherine R. Anthony, E. Louise Grant Clinical Practice Award for outstanding clinical practice and standards; senior Troy Spicer, Howard L. Demi Award for outstanding practice in psychosocial nursing; and senior Catherine H. Kessler, Hildegard Peplau Award for excellence in mental health/psychiatric nursing.

Also: junior Melody M. Bedichek, Parent-Child Nursing Award for excellence in family-centered nursing care; graduate student Cindy L. Sanders, Sigma Theta Tau Graduate Award for her paper, "Florence Nightingale in the 21st Century: Evolution of the Nursing Role;" graduate student Pei Hau Wu, Alumni Award for Best Thesis, "Sources of Stress and Coping Behaviors in Cancer Patients in Taiwan;" and graduate student Melody Hefflin, Leilee P. Ault Clinical Excellence in Graduate Adult Nursing Award for leadership, demonstration of clinical competence and application of research findings in clinical settings. ■

Class Notes

Nina Brazell Bass, B.S.N. (1974), Atlanta, has been accepted into the Emory University Child Psychiatry Fellowship beginning January 1990 following completion of her adult psychiatric residency.

Barbara H. Allen Garrett, B.S.N./M.S.N. (1976), Latham, N.Y., is the associate director of nursing education with the New York State Nurses Association. Barbara received an Ed.D. from the State University of New York at Albany in May 1989.

Jacqueline Onofrio Lyle, B.S.N. (1977), Athens, Ga., is a full-time homemaker.

Priscilla C. Sheppard, M.S.N. (1977), Morganton, N.C., is an assistant professor of nursing at Lenoir Rhyne College, Hickory, N.C. Priscilla has recently been awarded tenure at Lenoir Rhyne College.

Michael A. Carter, B.S.N. (1978), Rome, Ga., is a staff nurse in a coronary care unit and is a graduate student working on his M.S.N. He has recently been inducted to Sigma Theta Tau and is the executive officer of the 4th Marine Air-Wing/Medical Unit in Atlanta.

Jeanette Nava Jackson, B.S.N. (1979), San Francisco, is working at the 475th Medical Group Hospital in Yokota AB, Japan. Jeanette is working on a master of public administration degree through the University of Oklahoma while living in Japan with her husband, Capt. Wayne Jackson.

Mary E. Pokorny, M.S.N. (1979), Greenville, N.C., is an assistant professor of adult health at East Carolina University School of Nursing. Mary received her Ph.D. in nursing from the University of Virginia in May 1989.

Susan Massey Sewill, B.S.N. (1980), Kingwood, Texas, is an office manager and industrial nurse for a chemical business. Susan is the proud mother of a son born in May 1989.

Capt. Jason T. Fogg, B.S.N. (1982), West Germany, is an infection control officer and has recently been elected president of the Air Force Association of Practitioners in Infection Control for 1988-89.

Sharon Howell Geesey, B.S.N. (1983), Knightdale, N.C., works in the casual nursing pool medical surgery for the Wake Medical Center in Raleigh, N.C. Sharon and family are planning a missionary career in Zambia, Africa in 1990.

Elizabeth Dungan, B.S.N. (1983), Dunwoody, Ga., is the charge nurse in labor and delivery at Shallowford Hospital, Atlanta. Elizabeth is also a certified childbirth educator.

Gail Hanna, B.S.N. (1984), Furth, West Germany, works in community health nursing at Nurnburg Army Hospital.

Amy Williamson Simons, B.S.N. (1984), Smyrna, Ga., is the coordinator for special procedures at Windy Hill Hospital. Amy married Greg Simons, D.M.D., in October 1988.

Julia L. Carroll, B.S.N. (1985), Indialantic, Fla., is a traveling nurse throughout the United States.

Dian Dowling, B.S.N. (1985), Athens, Ga., has been named a 1989 Woodruff Fellow by the Emory University Nell Hodgson Woodruff School of Nursing. Dian works in the emergency department at Athens Regional Medical Center and teaches childbirth classes and stress management workshops.

LeAnne Stuver, B.S.N. (1987), Mayfield, Ohio, is a pediatric clinical nurse at Rainbow Babies and Childrens Hospital in Cleveland.

Deceased

Nancy Elaine Hilt, M.S.N. (1977), Charlottesville, Va. ■

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12 Faculty... *continued from page 19*

see. He joined the MCG faculty in 1971 as assistant professor in the department and was named associate professor in 1974.

He is a lifetime member of the William R. Wright Dental Study Group in Jackson, Miss., and is a fellow of the American College of Dentists. He is a member of the American Dental Association, the Georgia Dental Association, the Eastern District Dental Society and the Augusta Dental Society.

Retiring from the School of Medicine are Dr. Robert C. Little, Dr. Earl A. Loomis Jr., George J. Marshall, Dr. Victor A. Moore Jr., J. Douglas Poston and Dr. Leland D. Stoddard.

Dr. Little, Professor Emeritus and chairman of the Department of Physiology and Endocrinology, earned his medical degree from Western Reserve University in Cleveland. Before joining MCG in 1973, he served on the faculties of the University of Tennessee School of Medicine, Seton Hall College of Medicine and Dentistry in New Jersey and the Ohio State University College of Medicine. He also was the director of clinical research for Mead Johnson and Company in Evansville, Ind., from 1954 to 1957 and head of the cardiopulmonary laboratories at Scott and White Clinic and the Scott, Sherwood and Brindley Foundation in Temple, Texas, from 1957-1958.

He has won several teaching awards at MCG, including the School of Medicine's Outstanding Faculty Award in 1985, and is a faculty member of Alpha Omega Alpha.

Dr. Loomis, professor of psychiatry, earned a medical degree from the University of Minnesota School of Medicine. He joined the MCG faculty in 1981.

He studied in Switzerland in 1962 as recipient of the National Institute of Mental Health Traveling Fellowship. He is a lifetime fellow of the American Psychiatric Association and a lifetime member of the American Psychoanalytic Association.

Mr. Marshall, research associate in the Department of Psychiatry, attended the Junior College of Augusta (now Augusta College) and the University of Florida at Daytona. He joined the MCG faculty in 1960. He is a consultant for the Veterans Administration Medical Center in Augusta.

Dr. Moore, professor of medicine at MCG and associate dean of educational programs at University Hospital in Augusta, earned a medical degree from the University of Georgia School of Medicine (now MCG.)

He joined MCG as an assistant instructor of medicine in 1955 and was named a professor in 1968. He is a member of the American Gastroenterological Association, the American College of Gastroenterology, the American College of Physicians, the Southern Medical Association, the Georgia Gastroenterologic Society, the American Medical Association, the Medical Association of Georgia and the Association for Hospital Medical Education.

Mr. Poston, assistant professor of psychiatry, earned a master's degree in social work from Tulane University. He joined the MCG staff in 1960.

He is a member of the National Association of Social Workers Inc., the Georgia Conference on Social Welfare and the Mental Health Association of Greater Augusta.

Dr. Stoddard, professor of pathology, earned his medical degree from Johns Hopkins University School of Medicine. He joined the MCG faculty as chairman of pathology in 1954.

He received the DePauw University distinguished alumni citation in 1985 and the International Academy of Pathology's F.K. Mostofi Distinguished Service Award for the United States-Canadian division in 1986. He is a member of Phi Beta Kappa, the International Academy of Pathology, the American Association for Cancer Research, the American Association of Pathologists, the American Medical Association and the American Society of Clinical Pathologists. ■

Editor Christine Hurley Deriso

Writers Toni Baker
Christine Hurley Deriso
Ingrid Heggoy
Stephanie Neal
David Waller

Design Tina Frix

Photography Phil Jones

"The Graduate," a statue donated to MCG by the School of Medicine.

Deadline for submitting information for publication in the winter issue of Alumnews is Nov. 6, 1989.

Alumni! Let us know what's new with you by taking a moment to fill out this form. Also, please send us your curriculum vitae so we can keep your files up-to-date.

Today's date _____

Name _____

Phone _____

School graduated from _____

Degree _____ Class year _____

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Personal news(b&w photos welcome) _____

Please send to: Ms. Phebe Dent; Alumni Center FI-100; Medical College of Georgia; Augusta, GA 30912

Planned Giving

Two years ago, I wrote an article in this magazine outlining the advantages of making gifts of appreciated securities which have been held for more than six months. With the recent rise in the values of the stock markets, I think it is again time to look at some of the advantages and opportunities of gifts of appreciated securities.

The principal advantage of a gift of long-term securities is that the charitable deduction is allowed for the current market value with no recognition of capital gains. This means that regardless of what was paid for the security, the expense write-off is the current price and the entire appreciation is free from taxation.

To illustrate, a donor in the 28 percent tax bracket owns 100 shares of IBM stock having a current value of $11,800 with an original cost of $3,800. He is considering making a gift of these shares to support his favorite project. The tax savings from the gift equals the tax rate (28 percent) multiplied by the donation ($3,304.) Also, the tax that would have been paid if the shares were sold ($2,240) is not assessed against the donor.

Some would argue that the donor may wish to hold his position in the IBM stock and make a gift of cash. The deduction would be the same. In that case, why not donate the shares of stock and repurchase 100 new shares of IBM. This would allow the donor to make the same gift plus bring his cost in the shares up to a higher value, which would lessen his tax should he wish to sell in the future.

Let's look at another situation. Assume a donor owns a highly appreciated security with a low-yielding dividend of 2 percent. The dilemma is that the stock pays little income, but to sell the stock would trigger the capital gain tax. The donor finds refuge through the transfer of the stock to the Medical College in exchange for a life-income agreement.

The arrangements, fully recognized by the Internal Revenue Service and commonly used by colleges and universities, allow the donor to gift stocks and keep an income based on the value of the stock. In this situation, the donor would actually increase annual income.

As you are planning your annual charitable gifts, you may want to examine the advantages of gifts of securities. You may find that they are the most effective way to make a gift. If you have any questions regarding the planning of gifts, please contact me, Bruce Howerton, at (404) 721-4002.

A Man of Science

Dr. Leland D. Stoddard has the quintessential scientist's mind: precise, analytical, intensely curious. He's applied these characteristics to his 35-year career in MCG's pathology department.

The office is jam-packed yet utterly organized. Books, journals, papers, microscopic slides—facts, facts, facts—tidily and economically fill almost every square inch of space.

One senses that, were it possible to peer into Dr. Leland D. Stoddard's mind, it would look very much the same. Countless tidbits of knowledge are orderly stored within, and all are accessible should he need to retrieve them.

And those tidbits, like those in his office, are constantly being added to. The process of accumulating knowledge, he feels, is an ongoing and utterly joyous pursuit. It is, in fact, the love of his life.

This being the case, he's understandably somewhat distressed by a recent development in his life: retirement.

"This matter of retirement. . ." he said, his voice revealing no small measure of contempt for the concept. "I've already come to the conclusion that it may be an immensely wasteful social practice. I feel this with myself. After all, I've learned a lot and I know a great deal."

Dr. Stoddard, 70, retired in June as professor of the Medical College of Georgia Department of Pathology. He was the department's chairman from 1954 to 1973.

ASCP
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Staatsgale

"I've done pathology all these years and I like it. I haven't quite figured out how to keep doing it. One of the things I worry about is if you don't have regular responsibilities, you might get a little lazy."

Those who know Dr. Stoddard would assure him that he needn't worry. Suffice it to say that the word 'lazy' has probably never—never—been used to describe him.

Dr. Stoddard's reputation as a high achiever dates back to his childhood in Mt. Carmel, Ill. "In fifth grade, I was up every night until 10 or 11 doing homework. A grind? Of course not. I enjoyed diagraming sentences, for example. That was like a game. Work should not be equated with something unpleasant. I think that's a problem with society today," he said.

His parents placed a premium on education and passed the priority on to their only child. His entire environment was suited to the philosophy. "The community I grew up in was really a cultivated small town with an excellent school system," he said.

But schoolwork wasn't his only preoccupation. He has fond recollections of neighborhood basketball and sandlot football games. "Today, children get hauled about in automobiles to formal activities," he said. "We just went about it naturally." He also played tennis with his father and listened to the New York Philharmonic Orchestra each Sunday on the radio, eventually taking up the clarinet himself.

But one of his most enduring loves was science. After graduating from high school, he entered DePauw University in Indiana as a pre-medical student. In his junior year, he became interested in philosophy. His fascination with the combination of science and knowledge theory began then and continued.

He enrolled at the Johns Hopkins School of Medicine in 1940. He planned on a career in internal medicine, but circumstances beyond his control began to shape his destiny. "We were in the depths of World War II and it was not at all certain we were going to win it," he said. "The matter of doctors for military service was the primary requirement for the country. One in every five of our graduates lost his internship because many doctors were off at war and hospital staffs had to be equitably filled."

He was among the one in five. He had an internal medicine internship lined up but lost it. Consequently, Dr. Stoddard was jobless upon graduation.

Never one to lose ground, he promptly regrouped. "My roommate said, 'You've always wanted experience in pathology. There are probably more unfilled internships in pathology than in internal medicine.' So I called Dr. Wiley Forbus (chief of pathology at Duke University) and asked if he had a spot. He said, 'Just a minute, Stoddard... Yep, have one left.' And that's how I got into pathology."

The course of events was actually quite fortuitous. Pathology, a science of precision, detail and analysis, suits him well. "I realized I'd not be satisfied in dealing with disease by just looking at the outside of the body," he said. "I wanted to see what was going on inside."

After his residency, he taught briefly at Duke and the University of Kansas Medical School. Then, in 1954, he got a letter from Dr. Edgar R. Pund, then-president of MCG. MCG was in the midst of tremendous change. Talmadge Memorial Hospital (now called MCG Hospital and Clinics) had just been built. And the pathology department, which had been chaired by Dr. Pund before his presidency, was on the brink of reorganization. MCG didn't have a full-time faculty; courses were taught by physicians whose first priorities were their private practices. Dr. Stoddard, all of 35 years old at the time, was called upon to change all that in the pathology department. He accepted the challenge and joined the faculty as chairman of pathology.

"Dr. Pund told me very little, but he did say, 'Stoddard, don't do it the way I did it.'" The way Dr. Pund did it was with very limited resources. The department not only had no full-time faculty; it also had sparse equipment and funding. But the president was committed to changing that, and he did so upon Dr. Stoddard's arrival.

"My salary that year was $18,500," Dr. Stoddard said. "The whole department budget the year before was $10,000. So, you see, there was support."

Despite the directive to establish his own style, Dr. Stoddard is a great admirer of Dr. Pund and was eager to build on his achievements. Upon Dr. Pund's death in 1975, Dr. Stoddard wrote, "Dr. Pund's achievements in the art and science of pathology have had a lasting effect on this department. He creatively used the autopsy and the surgical pathology specimen to teach the cause and nature of human disease and to explain its clinical manifestations... He richly deserved the respect of clinical colleagues and the admiration of his pupils, even their awe."

So Dr. Stoddard combined the best elements of his predecessor with those learned at medical school.

"The method of teaching I'd been exposed to at Johns Hopkins interested me," he said. "Before I got here, pathology was taught by isolated organs and microscopic slides. I designed a program to complement a whole-case teaching program. I didn't want the student looking at just an isolated liver, but at a physiological anatomical unit, an organ block."

For instance, he had the heart and lungs dissected as a unit, since the organs are closely related.

"Building the department was very satisfying—exhilarating," Dr. Stoddard said. He promptly recruited high-quality staff, including Dr. Floyd Skelton, who later discovered the existence of adrenal regeneration hypertension. Dr. Walter Shepeard, for whom Augusta's Shepeard Community Blood Center is named, and Dr. A. Bleakley Chandler, now chairman of the department, were already on board.

He also enlisted the aid of invaluable staffers, including Harold Conner, who helped set up autopsy facilities and wooed local funeral directors to ensure their cooperation with the department, and Melita Posey, who has worked in the pathology department since 1964. She was hired as a secretary but was quickly promoted to teaching program coordinator.

Dr. Chandler recalls that Dr. Stoddard wasted no time making his mark. "He started with one resident and built a residency program. He started with virtually no research and built a research program. He started with virtually no clinical programs and built a department that provided clinical services," he said. "Everything happened in a very compressed period of time because it had to happen. It was a tremendous undertaking."

But he didn't do it alone. Dr. Stoddard is a firm believer in delegation. "During the 19 years of my chairmanship, I'd set things up, then turn them over to someone else," he said. For instance, after establishing a graduate educational pro-

gram for residents, he handed the reins to Dr. Chandler. "Dr. Chandler was very helpful to me in getting this organization going," he said. Dr. Shepeard was placed in charge of clinical laboratories.

But Dr. Stoddard oversaw every aspect of the department and insisted on excellence. "I have to say I probably demand pretty high standards," he said.

He was, however, unflinchingly fair and kind, according to Ms. Posey, with whom he's probably worked more closely than anyone over the years. "I never heard him say an unkind word about anybody," she said. And she appreciated his high standards. "He's a perfectionist and so am I," she said. "We both have the desire to do a job well and we both take a lot of pride in what we do."

He applied that perfectionism to several groundbreaking projects, such as his establishment of MCG's first needle biopsies of kidneys and electron microscopy and immunopathology laboratories. The latter, which Dr. Walter Rice helped develop, offered immediate, fresh tissue for research or diagnosis.

He also devoted a great deal of time to research, including studies of early cervical cancer and bone marrow disorders. He took a leave of absence in 1961-62 to study the long-term effects of radiation at the Atomic Bomb Casualty Commission in Hiroshima. He returned to Japan four years later to set up a case-teaching program at Osaka University.

In 1973, he stepped down as chairman of the department, largely because he wanted to devote more time to research. He also was becoming more involved in international pathology, including membership in the International Academy of Pathology (formerly president of the U.S.-Canadian division, he is now treasurer), and editorial work for the journal, *Pathology Research and Practice*. (He is the North American regional editor.)

But he had another motivation for stepping down as well. Over the years, he has witnessed, with considerable apprehension, drastic changes in his field. "The biomedical revolution and communications revolution have absolutely changed human society in my lifetime," he said. He is the first to acknowledge the advantages of these advancements; for instance, "technical advances allow much more knowledge of the body while a person is alive," he said. But he sees disadvantages—changes so antithetical to his way of thinking that they've somewhat alienated him.

He senses, for example, that society's technological capabilities often replace, rather than supplement, brain power.

"Science begins with analysis," he said. "What should happen next is the total reconstruction, reorganization, putting back together of these analytically identified parts. But modern technology has overwhelmed science with data," he said, thereby stalling the process.

Today's medical students are barraged with so many facts, he said, that learning to manipulate those facts often falls through the cracks. "I think people are too busy collecting data. It takes time and effort to get beyond that. We're a bottom-line society. I happen to think the bottom line is not the most important thing. I think that has a lot to do with wallowing in this morass of data."

Nevertheless, he's optimistic about the power of the mind.

And he intends to keep his mind as active as ever, despite this thorny issue of retirement. He still goes to his office daily, writing papers and editing articles for the pathology journal. He also plans to teach himself to play the recorder. (He and his wife, Dorothy, are very involved with the Augusta Symphony. He played in it for many years and his wife was a volunteer executive secretary.) Musical instruments, he believes, are great disciplinarians.

"If your mind is not completely with it, you're going to spill out a wrong note," he said. "A musician develops a relaxed intensity, but that intensity is vital. I think there is the need to concentrate."

He's also kept up his tennis game; he plays often with Ms. Posey. Although she generally beats him, the match-up of the two perfectionists facing each other competitively makes for quite an intense diversion.

And Ms. Posey encourages him to pursue other activities, as well. "When I knew his retirement was coming close, I used to clip out articles about people in their 80s starting a new career," she said. "I think pathology has always been his life. But there are so many other things he can do. He writes beautifully, for instance."

Dr. Stoddard's only criterion for new pursuits as a retiree is his passion for them. "I can't quite fathom not liking what you do," he said. "If you don't like it, I think you need to do something else right away." ■

—Christine Hurley Deriso

Benchmark

Medical College of Georgia

Summary Statement of Current Funds Revenues, Expenditures and Other Changes
Year Ended June 30, 1989
(With Comparative Figures for 1988)

	1989				
	Educational and General		Auxiliary		1988
	Unrestricted	Restricted	Enterprises	TOTAL	TOTAL
Revenue					
General Operations					
Resident Instruction					
Student Tuition and Fees	$ 4,714,981.80	$	$	$ 4,714,981.80	$ 4,663,753.00
State Appropriations	62,828,334.00			62,828,334.00	59,356,513.00
Indirect Cost Recoveries	1,891,238.15			1,891,238.15	1,816,787.32
Other Sources	762,463.20			762,463.20	167,804.02
Departmental Sales and Services					
Revenues for Program Support	5,187,313.37			5,187,313.37	5,009,724.60
Less: Quasi-Revenue	(1,994,658.05)			(1,994,658.05)	(1,897,065.84)
Sponsored Operations					
Federal Grants and Contracts		7,449,529.90		7,449,529.90	7,744,933.55
State Grants and Contracts		2,881,703.63		2,881,703.63	2,833,873.61
Local Grants and Contracts		291,364.23		291,364.23	485,379.52
Private Grants and Contracts		14,654,776.81		14,654,776.81	13,071,786.73
Endowment Income		86,396.82		86,396.82	106,431.44
Hospital					
General Operations					
State Appropriations	31,397,796.00			31,397,796.00	30,609,412.00
Sales and Services of Educational Activities	93,738,947.67			93,738,947.67	89,261,303.18
Other Sources	95,142.48			95,142.48	8,392.55
Departmental Sales and Services					
Revenues for Program Support	3,225,151.66			3,225,151.66	2,999,012.64
Less: Quasi-Revenue	(647,571.63)			(647,571.63)	(573,731.26)
Sponsored Operations					
State Grants and Contracts		5,375,047.25		5,375,047.25	5,196,155.00
Family Practice Residency Program					
General Operations					
State Appropriations	5,545,918.00			5,545,918.00	5,533,945.00
Desegregation Program					
General Operations					
State Appropriations	368,841.00			368,841.00	356,959.00
Georgia Radiation Therapy Center					
General Operations					
Sales and Services of Educational Department	2,217,762.99			2,217,762.99	2,044,725.72
Auxiliary Enterprises					
Student Housing			610,011.19	610,011.19	620,455.46
Food Services			777,179.63	777,179.63	694,191.68
Stores and Shops			1,630,612.42	1,630,612.42	1,399,403.87
Other Service Units			1,671,099.51	1,671,099.51	1,658,013.75
TOTAL REVENUE	**$ 209,331,660.64**	**$ 30,738,818.64**	**$ 4,688,902.75**	**$ 244,759,382.03**	**$ 233,168,159.54**
Expenditures					
Educational and General					
Resident Instruction					
Instruction	47,614,871.08	15,193,960.66		62,808,831.74	61,543,856.63
Research	699,792.94	8,952,193.21		9,651,986.15	8,151,093.42
Academic Support	7,270,464.98	53,742.29		7,324,207.27	6,780,985.41
Student Services	1,320,983.42	11,573.00		1,332,556.42	1,201,981.48
Institutional Support	7,414,359.06	507,605.76		7,921,964.82	7,525,851.73
Operation and Maintenance of Plant	9,068,602.29			9,068,602.29	7,643,537.11
Scholarships and Fellowships		644,696.47		644,696.47	533,124.20
Hospital					
Patient Care	112,359,523.25	5,375,047.25		117,734,570.50	112,101,830.41
Hospital Support	7,104,434.27			7,104,434.27	7,064,884.95
Operation and Maintenance of Plant	8,689,908.73			8,689,908.73	8,629,296.72
Family Practice Residency Program					
Instruction	5,534,918.96			5,534,918.96	5,495,400.69
Desegregation Program					
Instruction	257,995.87			257,995.87	257,552.97
Scholarships and Fellowships	110,512.52			110,512.52	99,361.00
Georgia Radiation Therapy Center					
Instruction (Patient Care)	2,017,917.67			2,017,917.67	1,887,510.69
Operation and Maintenance of Plant	199,791.72			199,791.72	157,196.00
Auxiliary Enterprises					
Student Housing			671,659.51	671,659.51	616,649.06
Food Services			840,234.43	840,234.43	874,357.91
Stores and Shops			1,485,298.95	1,485,298.95	1,288,570.16
Other Service Units			1,358,482.08	1,358,482.08	1,303,733.25
TOTAL EXPENDITURES	**$ 209,664,076.76**	**$ 30,738,818.64**	**$ 4,355,674.97**	**$ 244,758,570.37**	**$ 233,156,773.79**
Excess of Revenue Over Expenditures	(332,416.12)		333,227.78	811.66	11,385.75
Beginning Fund Balance, Adjusted	95,740.82		83,285.01	179,025.83	121,631.62
Adjustments Other Than State Audit	12,608.94		14,580.00	27,188.94	351,604.79
Lapsed Surplus Returned—Prior Year	(95,740.82)			(95,740.82)	(99,198.50)
Provision for Reserves	417,470.46		(328,606.36)	88,864.10	(199,225.16)
ENDING FUND BALANCES	**$ 97,663.28**		**$ 102,486.43**	**$ 200,149.71**	**$ 186,198.50**

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Thomas
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Brooks
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Lowndes
268
329,027
Echols
10
4,785
Charlton
47
147,144

Medical College of Georgia Hospital and Clinics

1989 Annual Report

During fiscal year 1989, the Medical College of Georgia Hospital and Clinics cared for 84,156 patients. Inpatient admissions totaled 19,415, and 255,948 visits were made to MCG's outpatient clinics. The hospital and clinics provided $43 million of care to those who could not pay.

Today's health care institutions are operating in an environment that has changed dramatically in the past 10 years. In these uncertain times, providers are dealing with such issues as a growing elderly population, expensive technology, increases in uncompensated care and reduced reimbursement. Managers and physicians are faced with increasing demands and limited resources and must often weigh ethical issues against cost effectiveness.

At the Medical College of Georgia, clinicians, educators and administrators are engaged in ongoing dialogue to determine how to best position our institution and its educational programs to cope with our current challenges and anticipate tomorrow's health care needs. During the past year, MCG Hospital and Clinics has focused its resources and efforts on building the base for future growth and development in order to respond to the demands of a changing health care environment.

1989 was a year of preparation and positioning for MCG Hospital and Clinics. Much progress was made in creating an optimal environment in which to provide health care services and education for the citizens of Georgia. At the same time, administrative, clinical and support personnel have devoted their energies to maintaining an effectively functioning hospital and clinics.

At MCG, we are proud of the progress we are making in assuring that facilities meet the needs of the patients, staff and students we serve. During 1989, planning was completed for the new Ambulatory Care/Specialized Care Center. The new center will bring the latest technology in ambulatory and critical care to MCG's patients, students and staff. It will offer fuller, more flexible and adaptable models for care, with the ability to deliver a greater number of therapies, specialized care and treatments. In addition, several renovation projects were initiated and completed during the last year. Each improvement in our physical facilities is building the base to better serve our academic medical center mission: patient treatment, education and research.

Health care instititions that will succeed in today's turbulent environment serve the current needs of patients while looking toward future demands. MCG is a progressive health care center which constantly expands its specialty medical services to meet the increasing needs of the region. During 1989, MCG proceeded with the initiation of several important new programs necessary to continue to serve the health care and educational needs of Georgians.

At MCG, the business of health care is the business of people. To support efforts to keep pace with the demand for health care services, MCG continues to develop innovative staffing programs which aid in the recruitment and retention of competent professionals. Highly trained staffs are thoroughly dedicated to providing exceptional health care to the citizens of Georgia and surrounding areas. The skill, knowledge and dedication illustrated by such efforts as those that resulted in a Robert Wood Johnson grant for our institution give us great confidence in the future of MCG Hospital and Clinics.

The substantial changes in our health care environment have made the past year a challenging one, but change is accompanied by opportunity. The capacity to respond to the evolving needs of the patients and communities we serve is a challenge that can best be met by professionals working together building a well-planned and solid base for growth. We at MCG plan to work from this base through innovation, compassion, the concerted efforts of dedicated professionals and uncompromising commitment to provide quality health care and education for the citizens of Georgia. ■

R. Edward Howell
Executive Director
Medical College of Georgia
Hospital and Clinics

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Top figure: Number of MCG inpatients and outpatients from that county during fiscal 1989. *Bottom figure:* Dollar amount of services provided by MCG Hospital and Clinics to residents of that county unable to pay for all of the care rendered.

The Year in Review

The 1989 fiscal year at the Medical College of Georgia Hospital and Clinics was highlighted by progress toward fulfillment of plans for expanded and improved facilities to better serve the people of Georgia and the Southeast. This progress was coupled with continued commitment to the provision of quality patient care in an environment conducive to the provision of educational and clinical research opportunities for tomorrow's health care practitioners.

As MCG's teaching hospital, the hospital and clinics provides treatment and diagnosis of the most critical and complex medical problems as well as primary health care services for Georgians. It is this care and innovative advances that make MCG prominent among health care providers in the Southeast.

Last year, patients came to the 540-bed hospital from 158 of Georgia's 159 counties, 44 states and six foreign countries. These patients and others also came to MCG's 80-plus specialty clinics, seeking the expertise of the health care professionals on its staff. Although many American hospitals recently have experienced operating decline, MCG has maintained a stable patient base. Emergency service visits increased markedly last year, and outpatient visits have shown an increase of more than 10,000 a year for each of the past three years. MCG Hospital and Clinics again received a three-year accreditation from the Joint Commission on Accreditation of Healthcare Organizations.

To meet today's increasing demands for health care and those of the 21st century, MCG is in the midst of a building program which has as its primary focus an Ambulatory Care/Specialized Care Center. Clinics now located throughout the campus will be consolidated into the new center.

The planned Specialized Care Center will provide the ability to respond to MCG's expanding emergency services program. The number of patients seeking emergency care has been steadily increasing. MCG serves as the regional trauma center, providing lifesaving emergency care for the critically ill and injured from the 17-county East Central Georgia Health District.

Numerous renovation and construction projects were initiated and/or completed at MCG during 1989, including refurbishment of patient rooms and renovations for a new hospital dining room, a new cardiac care unit and the region's first electrophysiology laboratory.

A major renovation and expansion already under way is the hospital's Ambulatory Procedure Center. Opened three years ago, the center is being expanded to accommodate the growing number of outpatient surgical procedures.

The Ambulatory Care/Specialized Care Center and Ambulatory Procedure Center are part of the hospital and clinics' Facilities Master Plan which also includes a new Children's Medical Center building. A children's hospital is being planned with the special needs of children in mind.

MCG's Children's Medical Center currently is a 90-bed facility on the hospital's eighth floor offering the latest in pediatric care.

One of many specialized pediatric services at MCG is extra corporeal membrane oxygenation (ECMO), a system designed to take over for an infant's lungs when there has been difficulty at birth. MCG is one of only a few hospitals in the Southeast offering this treatment and expertise. Twenty-three infants were placed on ECMO in fiscal 1989; 75 have used it since it began in 1985. The ECMO program has increased the number of patients admitted to MCG's Neonatal Intensive Care Unit, one of five regional Level 3 neonatal units in Georgia.

In addition to the expansion of neonatal services, clinical initiatives were established for other pediatric services including the evaluation and treatment of both cerebral palsy and spina bifida.

Institutional commitment to the Children's Medical Center was strengthened in fiscal 1989 by the hospital and clinics' acceptance into the membership of the National Association of Children's Hospitals and Related Institutions.

Other services developed and expanded during the year include a Cardiac Center, Comprehensive Diabetes Care Center, Pain Management Center and Comprehensive Cancer Center. The opening of the hospital's Cardiac Care Center on the newly renovated sixth floor is the first step toward the completion of the Facilities Master Plan of the hospital and clinics.

1989 marked MCG's 20th anniversary of providing transplant surgery to enhance the lives of those with kidney failure; 478 renal transplant operations have been performed since MCG's program began.

Patient support services developed during the past year include the hospital's Patient Representative Program. Patient representatives serve as liaisons between patients and family members and all hospital departments and clinic services.

The hospital's Volunteer Services continued to provide valuable patient amenities and staff support during 11,048 hours of volunteer service in 1989.

Services to Georgia's elderly veterans are offered through the Georgia War Veterans Nursing Home, a 192-bed long-term care facility owned and funded by the Georgia Department of Veterans Services and operated by the hospital through contract with the Board of Regents.

An important addition to the educational opportunities provided through the hospital is

Harper Street view of new Ambulatory Center/Specialized Care Center.

Medical College of Georgia Hospital and Clinics 1989 at a Glance

	FY 1989	FY 1988
Total Admissions	19,415	19,662
Patient Days	147,118	150,029
Average Daily Census	403	410
Percentage of Occupancy	75.2	
Emergency Services Visits	29,588	27,414
Outpatient Visits	255,948	238,976
Surgical Procedures	9,531	9,986
Full-Time Employees	3,220	3,095
Faculty Physicians and Dentists	341	328
Residents and Interns	439	419
Volunteers	178	122
Hours of Volunteer Service	11,048	7,600

the Emergency Medicine Residency program approved this year by the Residency Review Committee for the American Board of Emergency Medicine. The three-year program provides an educational foundation for the expansion of emergency medicine clinical services.

During 1989, emphasis was placed on the recruitment and retention of nurses and other health care professionals. Programs designed to attract quality staff members and to provide recognition and compensation for professional expertise have been initiated.

1989 has been a year of advancement and growth at MCG. MCG is dedicated to planned growth and development and committed to our mission as an academic medical center: teaching, research and patient care. A continued commitment to the provision of quality health care to the people of Georgia is pledged. ■

Groundbreaking Scheduled for New Center

Ground is planned to be broken in December for the Medical College of Georgia Ambulatory Care Center/Specialized Care Center, an addition to the hospital that should be completed and occupied in 1992.

"This is really a great day for the medical college," said Dr. Lois T. Ellison, associate vice president for planning (hospital and clinics) at MCG.

The Atlanta architectural firm, Jova, Daniels and Busby, has completed plans for the project. The plans were approved by the University System of Georgia Board of Regents, and the building contract was scheduled to be sent out on bid in October.

The addition will be contiguous to the Sydenstricker wing of the hospital and will span Harper Street to a site adjacent to the Medical Arts Building.

The pavilion, which presently occupies part of the location, will be demolished and its offices relocated throughout campus.

The specialized-care section, to be located east of the Sydenstricker wing, will have four stories. The first floor will house emergency services—"a much expanded area over what we have now," Dr. Ellison said. The blood bank will occupy the space on the first floor of the Sydenstricker wing of the hospital now used by emergency services.

The second floor of the specialized-care section will house support functions, including a clinical laboratory, a blood gas laboratory, a pulmonary function laboratory and new radiologic equipment.

The third floor will contain two 12-bed intensive-care units. The fourth floor will contain a 12-bed intensive care unit and the capacity for a fourth.

The section will be designed to allow for construction of a fifth floor in the future, if needed, or for a helicopter landing.

The ambulatory-care section, a five-story structure, will be across the street between the Medical Arts Building and the Veterans Administration Medical Center. It will be connected floor by floor to the Medical Arts Center.

The first floor will contain a lobby, pharmacy, registration area and family practice center. The other four floors will house all other departments offering outpatient care except for psychiatry.

"Right now, we've got outpatient services scattered all over," Dr. Ellison said. "This will consolidate the facilities." ■

—Christine Hurley Deriso

Linda Scott, R.N. (left), in paired practice with Jenny Gooding, L.P.N.

Enhancing the Role of Nurses

The Medical College of Georgia has been awarded a $49,813 grant from the country's largest health care philanthropy to develop a plan for restructuring hospital nursing services to improve patient care.

MCG's grant application was among 40 selected from more than 600 applications to receive funds from a $26.8 million program entitled "Strengthening Hospital Nursing: A Program to Improve Patient Care."

The Princeton, N.J.-based Robert Wood Johnson Foundation, established as a national philanthropy in 1972, and Pew Charitable Trusts in Philadelphia, are co-funders of the $26.8 million project aimed at development of workable five-year plans to improve hospital nursing.

Pew Charitable Trusts also has awarded 40 grants under the program.

Representatives of the two philanthropies will review plans developed by the 80 one-year planning projects to determine which 20 should receive five-year grants of up to $1 million to carry out their plans.

"I think that probably the biggest unknown and the biggest challenge during the planning year of the grant is really restructuring how patient care is delivered," said Cecelia K. Golightly, director of nursing at MCG Hospital and Clinics and project director for the grant. Dr. Lore Wright, nurse scientist at the MCG Center for Nursing Research, is the grant's co-director.

There is a critical shortage of registered nurses and an apparent waning interest in nursing as a career that promises to heighten the shortage, she said. That has been coupled with an ever-increasing need for nurses to create the initiative for change, Mrs. Golightly said.

But, "We are not talking about restructuring just within nursing," Mrs. Golightly said. "We are talking about restructuring from all direct care givers," including physicians, respiratory therapists, physical therapists, nurses and anyone involved in the direct care of patients on the hospital's nursing units.

Three basic goals include improved patient care, restructuring work so that everyone makes optimal use of time and abilities and strengthening hospital nursing to make it a more attractive profession, Mrs. Golightly said.

MCG Hospital's planning grant began Aug. 1.

However, the hospital has been working for some time on developing and evaluating new approaches to care.

MCG already has piloted a paired practice model which teams a registered nurse with a licensed practical nurse. Nursing officials had looked at the pratice of each in the hospital and found very little difference in work actually carried out by each.

The paired practice model—initiated in the medicine intensive care unit, neuro ICU and the fifth-floor specialized care unit—was implemented in September 1988 and prompted by the shortage of registered nurses and the need to open additional ICU beds.

"What this model does is differentiate practice to make the most of both education and training," Mrs. Golightly said. "Registered nurses and licensed practical nurses come together in partnership, collectively use the expertise of both to provide care. Instead of each being assigned one patient, they collectively take on a patient assignment.

"We wanted to test that model's adaptability to our intensive care units where heretofore we had had primarily an all-registered nurse staff to see if we could supplement that registered nurse staff with licensed practical nurses. In other words, expand the capacity of each registered nurse."

Nursing officials theorized that in this paired situation, registered nurses could better practice at a higher professional level which includes foci such as patient assessment and patient and family education.

The plan includes the licensed practical nurse focusing on the many important and often highly technical tasks for which they are trained.

"What we found over a period of six months was that our hypothesis was validated and that truly the practice of the registered nurse matured as well as that of the licensed practical nurse. The registered nurse could become involved with a larger number of patients and at a different level," Mrs. Golightly said.

Nurses found themselves actually functioning at a higher professional level than ever before in their hospital nursing careers.

Patient outcome studies were not a part of the pilot study but will be measured during the planning year. But previous studies at other institutions have shown that the more collaborative the practice, the better the patient outcome, Mrs. Golightly said.

During the planning year, this paired practice model will be tried out on a general medical-surgical unit at MCG Hospital and Clinics. "We will be evaluating the model and its future applications," Mrs. Golightly said. Lucille Pogue, education director in staff development, will assist in the expansion of the paired practice model.

But there is more.

"We are going to be looking at work and workers and looking at categories of people and seeing where work shifts and where redesign needs to occur," Mrs. Golightly said.

Everyone involved in patient care on a unit must be willing to sit down and discuss how it can be improved from a patient outcome perspective," she said.

During the year, the MCG project will receive technical assistance from registered nurse Barbara A. Donaho, vice president for nursing and patient services at Shands Hospital at the University of Florida at Gainesville, who directs the program for the two philanthropies.

The Robert Wood Johnson Foundation has awarded more than $996 million in grants to improve the health care of such U.S. populations as adolescents, children and mothers, the elderly, the homeless, the mentally ill, people with AIDS and the uninsured. The foundation is among the six largest private philanthropies in the United States with assets of more than $2 billion. ■

—Toni Baker

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